FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000566 (1)

1. Corporation Name

UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT FUND, INC.

Principal Place of Business	Mailing Address
201 E. PINE STREET SUITE 1200 ORLANDO FL 32801	201 E. PINE STREET SUITE 1200 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1992
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3172951 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11501 Eastwood Dr.	26 11501 Eastwood Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Florida	28 City & State: Orlando, Florida
24 Zip: 32817 25 Country: USA	29 Zip: 32817 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOYLES, WILLIAM A 11501 EASTWOOD DRIVE SUITE 114 ORLANDO FL 32817	81 Name: William A. Boyles 82 Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine Street 83: Suite 1200 84 City: Orlando, FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COTTRILL, LEW	1.2 NAME	
STREET ADDRESS	12496 FOREST EDGE CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, JUDITH	2.2 NAME	
STREET ADDRESS	2309 ECON CIRCLE #346	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, DAVID W.	3.2 NAME	
STREET ADDRESS	275 EL PRADO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☑ Change ☐ Addition
NAME	HIRSCH, PENNY	4.2 NAME	Sell, Penny
STREET ADDRESS	31 WEST HARVARD	4.3 STREET ADDRESS	31 West Harvard
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HITT, JOHN C	5.2 NAME	
STREET ADDRESS	P.O. BOX 25000/NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32816	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KIRKPATRICK, DAWN	6.2 NAME	
STREET ADDRESS	100 BEDFORD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Penny L Sell Penny L. Sell 2/20/95 407-275-7627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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