

## FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

FILED

Feb 05 1997 8:00am  
Secretary of State

DOCUMENT # **N92000000566 (1)**

1. Corporation Name

UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT  
FUND, INC.

Principal Place of Business

11501 EASTWOOD DRIVE  
SUITE 1200  
ORLANDO FL 32817  
US

Mailing Address

11501 EASTWOOD DRIVE  
SUITE 1200  
ORLANDO FL 32817-3503  
US

3. Date Incorporated or Qualified  
**12/03/1992**3a. Date of Last Report  
**01/29/1996**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

**59-3172951** Applied For  
 Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

City &amp; State

23

City &amp; State

28

6. Election Campaign Financing

 \$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

## 9. Name and Address of Current Registered Agent

BOYLES, WILLIAM A  
201 E PINE STREET  
SUITE 1200  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELL, PENNY	4.2 NAME
STREET ADDRESS	31 WEST HARVARD	4.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Lewis R. Cottrell, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)

1/29/97 275-7627

Daytime Phone # 0017336

CR2E037 (9/96)