

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N92000000566 (1)

1. Corporation Name

UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT
FUND, INC.

Principal Place of Business

Mailing Address

11501 EASTWOOD DRIVE
SUITE 1200
ORLANDO FL 32817
US

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SUITE 1200
ORLANDO FL 32817
US

3. Date Incorporated or Qualified

12/03/1992

4. FEI Number

59-3172951

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11550 Lokanotosa Tr.

26 11550 Lokanotosa Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32817

25 USA

29 32817

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

TITLE	D	DELETE
NAME	COTTRILL, LEW	
STREET ADDRESS	12496 FOREST EDGE CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	DELETE
NAME	CUNNINGHAM, JUDITH	
STREET ADDRESS	2309 ECON CIRCLE #346	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	DELETE
NAME	STOKES, DAVID W.	
STREET ADDRESS	275 EL PRADO AVE.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	DELETE
NAME	SELL, PENNY	
STREET ADDRESS	31 WEST HARVARD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	HITT, JOHN C	
STREET ADDRESS	P.O. BOX 25000/NA	
CITY-ST-ZIP	ORLANDO FL 32816	
TITLE	D	DELETE
NAME	KIRKPATRICK, DAWN	
STREET ADDRESS	100 BEDFORD ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	Anna D. Diaz		
1.3 STREET ADDRESS	4529 Hidden Beach Circle		
1.4 CITY-ST-ZIP	Orlando, FL 32819		
2.1 TITLE	D	Change	Addition
2.2 NAME	Penny L. Sell		
2.3 STREET ADDRESS	1330 SW Ivanhoe Blvd		
2.4 CITY-ST-ZIP	Orlando, FL 32804		
3.1 TITLE	D	Change	Addition
3.2 NAME	Ola Nnadi		
3.3 STREET ADDRESS	P. Box 155 13412 Splash Ct.		
3.4 CITY-ST-ZIP	Orlando, FL 32816 32828		
4.1 TITLE	D	Change	Addition
4.2 NAME	Christopher Veazey		
4.3 STREET ADDRESS	682 Deltona Blvd		
4.4 CITY-ST-ZIP	Deltona, FL 32725		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS	100002692171--7		
5.4 CITY-ST-ZIP	-11/19/98--01101--012		
6.1 TITLE		Change	Addition
6.2 NAME	*****61.25		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: Penny L. Sell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/28/98 407-275-7627

FILED

98 NOV 12 PM 2:41

SECRETARY OF STATE



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