



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90005 036 ****61.25

DOCUMENT # N92000000566					
1. Entity Name UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT FUND, INC.					
Principal Place of Business 11550 LOKANOTUSA TR ORLANDO, FL 32817 US			Mailing Address 11550 LOKANOTUSA TR ORLANDO, FL 32817 US		
2. Principal Place of Business UNIVERSITY HIGH School Suite, Apt. #, etc. Room 225 City & State ORLANDO FL Zip 32817		3. Mailing Address 11550 LOKANOTUSA TR Suite, Apt. #, etc. Room 225 City & State ORLANDO FL Zip 32817			
Country ORANGE		Country ORANGE		08032004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3172951				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYLES, WILLIAM A 301 E PINE STREET SUITE 1400 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Lewis R. Cottrell, Treas. & Bd. Officer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTRILL, LEW 1726 FOX GLEN CT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel Teel 20801 Ortega St Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAZQUEZ, FERNANDO JR. 7944 PINE CROSSING CIR #227 ORLANDO, FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diana Teel 20801 Ortega St Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, ROBERT G 437 E HILLCREST ST ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID CHRISTIANSEN 35 INTERLAKEN RD. ORLANDO, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ANNA D 6529 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Simmons 2863 CHAPLUND CT OVIEDO, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DEBORAH 502 DUNBLANE DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELL, PENNY L 13649 DORNOCH DR ORLANDO, FL 32828	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lewis R. Cottrell</u> <u>Lewis R. Cottrell</u> <u>8/4/04</u> <u>407 482-8700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					