2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000566

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CULLER, DIANE

MCKINNEY, JOE

11501 EASTWOOD DRIVE

11501 EASTWOOD DRIVE

(X) Delete

ORLANDO, FL 32817

ORLANDO, FL 32817

FILED Feb 09, 2007 Secretary of State

Entity Name: UNIVERSITY HIGH SCHOOL FOUNDATION AND ENDOWMENT FUND, INC.

Current Principal Place of Business: New Principal Place of Business: 11501 EASTWOOD DRIVE ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** 11501 EASTWOOD DRIVE ORLANDO, FL 32817 FEI Number: 59-3172951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARABALLO, TINA L 830 LUCERNE TERRACE ORLANDO, FL 32801 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DOWMAN, LISA M MCKINNEY, JOE Name: Name: 11501 EASTWOOD DRIVE Address: 11501 EASTWOOD DRIVE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: (X) Change () Addition VAZQUEZ, FERNANDO JR Name: VAZQUEZ, FERNANDO JR Name: Address: 11501 EASTWOOD DRIVE Address: 11501 EASTWOOD DRIVE City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817 Title: () Delete Title: (X) Change () Addition SIMMONS, ROBBIN SIMMONS, ROBBIN Name: Name: 11501 EASTWOOD DRIVE 11501 EASTWOOD DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817 Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JOE MCKINNEY P 02/09/2007

() Change () Addition