

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000718 (8)

1. Corporation Name

UNITED CHAMBERS SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business 400 EAST FIRST STREET SANFORD FL 32771	Mailing Address 400 EAST FIRST STREET SANFORD FL 32771-1408
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3. Date Incorporated or Qualified 12/07/1992	3a. Date of Last Report 03/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent KELLY, WANDA F 400 E 1ST ST SANFORD FL 32771	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 Wanda S. Kelly DATE 2-25-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	D-President
NAME	BALL, TOM	1.2 NAME	David Wright
STREET ADDRESS	213 SHADY OAKS CIRCLE	1.3 STREET ADDRESS	800 S. Orlando Ave
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	SD	2.1 TITLE	D-Treasurer
NAME	ADAMSON, W E	2.2 NAME	Rich Sloan
STREET ADDRESS	487 BENTON CT	2.3 STREET ADDRESS	PO Box 1236
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	Orlando FL 32765
TITLE	VD	3.1 TITLE	D-Secretary
NAME	DOUGLAS, BOB R	3.2 NAME	Wanda Kelly
STREET ADDRESS	P O BOX 950355 N/A	3.3 STREET ADDRESS	400 East First Street
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	D	4.1 TITLE	D-Vice President
NAME	KELLY, WANDA F	4.2 NAME	Larry Strickler
STREET ADDRESS	400 E FIRST ST	4.3 STREET ADDRESS	500 N. Orange Blvd Room 108
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	Orlando FL 32801
TITLE	PD	5.1 TITLE	
NAME	WRIGHT, DAVID	5.2 NAME	
STREET ADDRESS	800 S ORLANDO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Wanda S. Kelly DATE 2-25-97

CR2E037 (9/96)