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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002079 (2)**

1. Corporation Name

**CHILDREN'S EDUCATIONAL OPPORTUNITY FOUNDATION, I  
NC.**

Principal Place of Business

Mailing Address

1101 N. LAKE DESTINY RD.  
SUITE 225  
MAITLAND FL 32751

1101 N. LAKE DESTINY RD.  
SUITE 225  
MAITLAND FL 32751

3. Date Incorporated or Qualified

**05/07/1993**

4. FEI Number

**59-3169821**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOGA, GEORGE  
1101 N. LAKE DESTINY ROAD  
SUITE 225  
MAITLAND FL 32751**

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 617.1503, 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 ☐ DELETE  
NAME **C**  
STREET ADDRESS **NOGA, GEORGE**  
CITY-ST-ZIP **1101 N LAKE DESTINY RD., STE 225  
MAITLAND FL 32751**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **DOUDNEY, DOUGLAS**  
CITY-ST-ZIP **1443 BUCKWOOD DR  
ORLANDO FL 32806**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME **C**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PE**  
STREET ADDRESS **LAHEY, JOHN**  
CITY-ST-ZIP **555 WINDERLY PL., STE 400  
MAITLAND FL 32794-5155**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **P**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **EVELAND, TONY**  
CITY-ST-ZIP **1412 ATLANTIS DR  
APOPKA FL 32703**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **MILLER, WILLIAM**  
CITY-ST-ZIP **114 LIVE OAK BLVD  
CASSELBERRY FL 32718-0899**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SANDERLIN, FRANK**  
CITY-ST-ZIP **1051 WINDERLY PL., STE 100  
MAITLAND FL 32751**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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:

**NOT REQUIRED 650165 K. NOGA 1/16/98 875-0075**

CR2E037 (10/97)