

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

0014186

03-02-1999 90041 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000002079

1. Corporation Name
CHILDREN'S EDUCATIONAL OPPORTUNITY FOUNDATION, I NC.

Principal Place of Business 1101 N. LAKE DESTINY RD. SUITE 225 MAITLAND FL 32751	Mailing Address 1101 N. LAKE DESTINY RD. SUITE 225 MAITLAND FL 32751
---	---



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/07/1993
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3169821
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country	\$8.75 Additional Fee Required
25. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	NOGA, GEORGE	
STREET ADDRESS	1101 N LAKE DESTINY RD., STE 225	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DOUDNEY, DOUGLAS	
STREET ADDRESS	1443 BUCKWOOD DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAHEY, JOHN	
STREET ADDRESS	555 WINDERLY PL., STE 400	
CITY-ST-ZIP	MAITLAND FL 32794-5155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVELAND, TONY	
STREET ADDRESS	1412 ATLANTIS DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, WILLIAM	
STREET ADDRESS	114 LIVE OAK BLVD	
CITY-ST-ZIP	CASSELBERRY FL 32718-0899	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDERLIN, FRANK	
STREET ADDRESS	1051 WINDERLY PL., STE 100	
CITY-ST-ZIP	MAITLAND FL 32751	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Doudney, Douglas	
2.3 STREET ADDRESS	1443 Buckwood Dr.	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
3.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lahey, John	
3.3 STREET ADDRESS	615 Cresent Exec. Court, Ste. 300	
3.4 CITY-ST-ZIP	Lake Mary, FL 32795-8421	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mitchell, John C.	
4.3 STREET ADDRESS	2699 Lee Rd., Suite 405	
4.4 CITY-ST-ZIP	Orlando, FL 32789	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)