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**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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

05/07/1993

4. FEI Number

59-3169821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Doudney, Douglas**
2.4 CITY-ST-ZIP **1443 Buckwood Dr.
Orlando, FL 32806**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **C**
3.3 STREET ADDRESS **Lahey, John**
3.4 CITY-ST-ZIP **615 Cresent Exec. Court, Ste. 300
Lake Mary, FL 32795-8421**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **P**
4.3 STREET ADDRESS **Mitchell, John C.**
4.4 CITY-ST-ZIP **2699 Lee Rd., Suite 405
Orlando, FL 32789**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/99

CR2E037 (11/98)