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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001319 (2)

1. Corporation Name

COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRA NSFER, INC.

Principal Place of Business	Mailing Address
1519 CLEARLAKE ROAD COCOA FL 32922	1519 CLEARLAKE ROAD COCOA FL 32922

3. Date Incorporated or Qualified: 03/14/1994

4. FEI Number: 59-3336075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

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

AITKEN, ROBERT
1618 PGA BOULEVARD
MELBOURNE FL 32934

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, TED J		1.2 NAME		
STREET ADDRESS	PEARL RIVER COMMUNITY COLLEGE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POPLARVILLE MS 39470-2298		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLBRIGHT, A. RODNEY		2.2 NAME		
STREET ADDRESS	ALVIN COMMUNITY COLLEGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALVIN TX 77511		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BICKFORD, ROBERT I		3.2 NAME		
STREET ADDRESS	PRINCE GEORGE'S COMMUNITY COLLEGE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO MD 20772-2199		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, RICHARD G		4.2 NAME		
STREET ADDRESS	JOHN C. CALHOUN STATE COMMUNITY COLLEGE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL 35609-2216		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CELMENTS, THOMAS H		5.2 NAME		
STREET ADDRESS	FOOTHILL COLLEGE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ALTOS HILLS CA 94022		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KING, MAXWELL C		6.2 NAME		
STREET ADDRESS	BREVARD COMMUNITY COLLEGE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Robert C Aitken 1.29.98 (407) 632-1111