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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001319

1. Corporation Name
COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER, INC.

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

613112-90013-10

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-3336075 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~AITKEN, ROBERT~~
~~3150 SABINA TERRACE~~
~~MELBOURNE FL 32934~~

10. Name and Address of New Registered Agent

81 Name: DR. THOMAS E. GAMBLE
82 Street Address (P.O. Box Number is Not Acceptable): BREVARD COMMUNITY COLLEGE
83: 1519 CLEARLAKE RD.
84 City: COCOA FL 85 Zip Code: 32922

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] DATE: 8/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, TED J PEARL RIVER COMMUNITY COLLEGE POPLARVILLE MS 39470-2298	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~ALLBRIGHT, A. RODNEY~~ ~~ALVIN COMMUNITY COLLEGE~~ ~~ALVIN TX 77511~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	LARRY L. STANLEY COLLEGE OF THE MAINLAND TEXAS CITY, TX 77591 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICKFORD, ROBERT I PRINCE GEORGE'S COMMUNITY COLLEGE LARGO MD 20772-2199	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, RICHARD G JOHN C. CALHOUN STATE COMMUNITY COLLEGE DECATUR AL 35609-2216	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CELMENTS, THOMAS H FOOTHILL COLLEGE LOS ALTOS HILLS CA 94022	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KING, MAXWELL O~~ BREVARD COMMUNITY COLLEGE COCOA FL 32922	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	THOMAS E. GAMBLE BREVARD COMMUNITY COLLEGE COCOA, FL 32922 ☐ Change ☐ Addition

CR2E037 (5/99)

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] 407/632-1111, Ext.62000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas E. Gamble, District President