

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004875 (0)

1. Corporation Name

UNITED AMERICAN VOCATIONAL COLLEGE FUND, INC.

Principal Place of Business

Mailing Address

1 TANKER TURN RD
CAPE CANAVERAL FL 32920

P O BOX 862
CAPE CANAVERAL FL 32920



3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

04/21/1995

4. FEI Number

APPLIED FOR

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWOOD, LLOYD C
1 TANKER TURN RD
CAPE CANAVERAL FL 32920

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 D/S/T
NAME BLACKWOOD, LLOYD C
STREET ADDRESS 1 TANKER TURN RD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

☐ DELETE

TITLE D
NAME BLACKWOOD, JAMES E
STREET ADDRESS RT 20 BOX 106
CITY-ST-ZIP CROSSVILLE TN 38555

☐ DELETE

TITLE D
NAME BLACKWOOD, JAMES M
STREET ADDRESS 1 TANKER TURN RD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

☐ DELETE

TITLE P
NAME BLACKWOOD, JANIE H
STREET ADDRESS 6910 BRIGHT AVE.
CITY-ST-ZIP COCOA FL 32927

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S/T
1.2 NAME Blackwood, Lloyd C
1.3 STREET ADDRESS 1 TANKER TURN Rd
1.4 CITY-ST-ZIP CAPE CANAVERAL FL 32920

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

5.1 TITLE D
5.2 NAME Jacqueline M. Blackwood
5.3 STREET ADDRESS 1 TANKER TURN ROAD
5.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-96

Date

Daytime Phone #

CR2E037 (12/95)