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Apr 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

1 TANKER TURN RD
CAPE CANAVERAL FL 32920

Mailing Address

P O BOX 862
CAPE CANAVERAL FL 32920-0862

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21 110 POLK AV

2a. Mailing Address

22 Suite, Apt. #, etc.

22 SUITE # 4

Suite, Apt. #, etc.

23 City & State

23 CAPE CANAVERAL, FL

27 City & State

24 Zip

24 32920

Country

29 Zip

29

Country

30

4. FEI Number

APPLIED FOR 593296112

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

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

81 BLACKWOOD, LLOYD C

82 Street Address (P.O. Box Number is Not Acceptable)

82 110 POLK AV # 4

83

84 City

84 CAPE CANAVERAL

FL

85 Zip Code

85 32920

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SDT ☐ DELETE
NAME BLACKWOOD, LLOYD C
STREET ADDRESS 1 TANKER TURN RD
CITY-ST-ZIP CAPE CANAVERAL FL

1.1 TITLE BLACKWOOD, LLOYD C ☒ Change ☐ Addition
1.2 NAME 110 POLK AV # 4
1.3 STREET ADDRESS CAPE CANAVERAL, FL 32920
1.4 CITY-ST-ZIP

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

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

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

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

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

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

TITLE D ☐ DELETE
NAME BLACKWOOD, JACQUELINE M.
STREET ADDRESS 1 TANKER TURN RD
CITY-ST-ZIP CAPE CANAVERAL FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

CR2E037 (9/96)