

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 # N95000005946 (7)

1. Corporation Name

UNIVERSITY OF ORLANDO FOUNDATION, INC.

Principal Place of Business

Mailing Address

1819 N. SEMORAN BLVD.  
ORLANDO FL 32807

1819 N. SEMORAN BLVD.  
ORLANDO FL 32807

3. Date Incorporated or Qualified  
12/18/1995

3a. Date of Last Report  
N/A

4. FEI Number

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EULIANO, NEIL R  
1819 N. SEMORAN BLVD.  
ORLANDO FL 32807

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

ANGLEY, JOSEPH DR.PH.D  
1945 LAKEPOINT DRIVE  
FORT LAUDERDALE FL 33326

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

DOMBROWSKI, RAYMOND DR.PH.D  
4976 COURTLAND LOOP  
WINTER SPRINGS FL 32708

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

PACY, JOSEPH  
1164 SOLANA AVENUE  
WINTER PARK FL 32789

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

POWERS, JOHN  
603 SWEETWATER CLUB CIRCLE  
LONGWOOD FL 32779

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

BELL, STAFFORD A  
8614 PEPPERCORN DRIVE  
ORLANDO FL 32825

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

BELL, STAFFORD A  
8614 PEPPERCORN DRIVE  
ORLANDO FL 32825

☐ DELETE

NAME

STREET ADDRESS

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BELL, STAFFORD A  
8614 PEPPERCORN DRIVE  
ORLANDO FL 32825

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stafford A. Bell

3-21-96

(407) 275-2000

Daytime Phone

0000189

CR2E037 (12/95)