

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005946 (7)**
1. Corporation Name

UNIVERSITY OF ORLANDO FOUNDATION, INC.



Principal Place of Business 1819 N. SEMORAN BLVD. ORLANDO FL 32807	Mailing Address 1819 N. SEMORAN BLVD. ORLANDO FL 32807-3548
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2. Principal Place of Business 21 6441 E. Colonial Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 6441 E. Colonial Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/18/1995		3a. Date of Last Report 04/19/1996	
22 City & State 23 Orlando, FL		27 City & State 28 Orlando, FL		4. FEI Number APPLIED FOR 59-3366836		Applied For Not Applicable	
24 Zip 32807		25 Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
26 Zip 32807		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
28 Zip 32807		29 Country USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent EULIANO, NEIL R 1819 N. SEMORAN BLVD. ORLANDO FL 32807				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 _____
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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANGLEY, JOSEPH DR.PH.D			1.2 NAME			
STREET ADDRESS	1045 LAKEPOINT DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33326			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMBROWSKI, RAYMOND DR.PH.D			2.2 NAME			
STREET ADDRESS	4976 COURTLAND LOOP			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS FL 32708			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACY, JOSEPH			3.2 NAME			
STREET ADDRESS	1164 SOLANA AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWERS, JOHN			4.2 NAME			
STREET ADDRESS	603 SWEETWATER CLUB CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, STAFFORD A			5.2 NAME			
STREET ADDRESS	8614 PEPPERCORN DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32825			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)