


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-06-2004 90021 015 ****70.00

DOCUMENT # N96000000339	
1. Entity Name O-TEC MID-FLORIDA TECH FOUNDATION, INC.	

Principal Place of Business 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809	Mailing Address 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809
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66403576



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6000771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLARK, ROBERT J 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Clark* (NOTE: Registered Agent signature required when reinstating) DATE 1-6-04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT J 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHALL, JIM 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHRIES, JIM 2900 WEST OAK RIDGE ROAD ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Clark* Robert J. Clark 1/06/04 407-855-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #