

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077002 (2)

1. Corporation Name

STUDENT FUNDING CORPORATION OF AMERICA, INC.



Principal Place of Business

P.O. BOX 5148
WINTER PARK FL 32792-5148

Mailing Address

P.O. BOX 5148
WINTER PARK FL 32792-5148

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

03/10/1995

4. FEI Number

59-3214212

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

HADDOCK PROFESSIONAL ASSOCIATION
3300 UNIVERSITY BLVD
SUITE 160
WINTER PARK FL 32792

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE
NAME HADDOCK, EDWARD E JR.
STREET ADDRESS 3300 UNIVERSITY BLVD SUITE 160
CITY-ST-ZIP WINTER PARK FL 32792

TITLE D ☐ DELETE
NAME PHELPS, JONATHAN D
STREET ADDRESS 3300 UNIVERSITY BLVD SUITE 160
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V/S/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/S/D ☐ Change ☒ Addition
3.2 NAME Heavener, James W.
3.3 STREET ADDRESS 3300 University Boulevard, Ste. 160
3.4 CITY-ST-ZIP Winter Park, Florida 32792

4.1 TITLE G/ROFF ☐ Change ☒ Addition
4.2 NAME ROFFERS V/S
4.3 STREET ADDRESS 3300 UNIVERSITY BOULEVARD, STE. 160
4.4 CITY-ST-ZIP WINTER PARK, FLORIDA 32792

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 607, 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

4.18.96 407679-6171

CR2E034 (12/95)