2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709631

FILED Apr 24, 2006 Secretary of State

Entity Name: UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11000 UNIVERSITY PARKWAY PENSACOLA, FL 325142750

Current Mailing Address: New Mailing Address:

11000 UNIVERSITY PARKWAY PENSACOLA, FL 325142750

FEI Number: 59-6166292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENSON, SUSAN E 11000 UNIVERSITY PKWY BLDG 12 RM 129 PENSACOLA, FL 32514 US

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.

SIGNATURE:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HILL, MIKE
 Name:
 SHAW, BRETT

 Address:
 6080 FOREST GREEN ROAD
 Address:
 713 POINCIANA DR

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 GULF BREEZE, FL 32561

Title: PD () Delete Title: () Change () Addition

 Name:
 LANDRUM, BRITT
 Name:

 Address:
 4050 BEDEVERE DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32514
 City-St-Zip:

 $\label{eq:title:sde} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$

 Name:
 FETTERMAN, NANCY
 Name:
 MAYGARDEN, JERRY

 Address:
 24 LAKESIDE DRIVE
 Address:
 516 E ZARAGOZA ST

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32502

Title: VD () Delete Title: () Change () Addition

 Name:
 GILLULY, MARNY A
 Name:

 Address:
 415 FIRST STREET, SE
 Address:

 City-St-Zip:
 WASHINGTON, DC 200031827
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN STEPHENSON EXEC 04/24/2006