

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709631

FILED
Apr 16, 2009
Secretary of State

Entity Name: UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

11000 UNIVERSITY PARKWAY
PENSACOLA, FL 325142750

New Principal Place of Business:

Current Mailing Address:

11000 UNIVERSITY PARKWAY
PENSACOLA, FL 325142750

New Mailing Address:

FEI Number: 59-6166292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SHAW, BRETT
Address: 5 TOMAHAWK COURT
City-St-Zip: DESTIN, FL 32543

Title: VD () Delete
Name: CLEVELAND, DAVE
Address: 495 JAMES RIVER ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: SD () Delete
Name: RODGERS, CASEY
Address: US DISTRICT COURT, 1 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: PD () Delete
Name: GILLULY, MARNY A
Address: 415 FIRST STREET, SE
City-St-Zip: WASHINGTON, DC 200031827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: CLEVELAND, DAVE
Address: 495 JAMES RIVER ROAD
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DENKLER, PATRICIA
Address: 801 PRINCE STREET
City-St-Zip: BEAUFORD, SC 29902

I hereby certify that the information supplied with this filing does not qualify 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

ED

04/16/2009

Electronic Signature of Signing Officer or Director

Date