

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **721844** (9)  
1. Corporation Name  
**UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**4567 ST. JOHNS BLUFF ROAD S.  
P O BOX 17074. ST JOHNS BLUFF RD S.  
JACKSONVILLE FL 32216-3699**

3. Date Incorporated or Qualified **10/11/1971** 3a. Date of Last Report **08/10/1995**  
4. FEI Number **23-7167701** 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

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

## 9. Name and Address of Current Registered Agent

**FAGIN, ROBERT  
4567 ST. JOHNS BLUFF RD. S.  
JACKSONVILLE FL 32224**

## 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

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>COBB, JAMES E</b>	
STREET ADDRESS	<b>1609 GULF LIFE TOWER (PEEK &amp; COBB, P.A.)</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CONNELL, DANIEL W.</b>	
STREET ADDRESS	<b>4016 ALCAZAR AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWER, E. BRUCE</b>	
STREET ADDRESS	<b>225 WATER ST., STE. 860</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, J.P.</b>	
STREET ADDRESS	<b>552 PONTE VEDRA BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>COMMANDER, CHARLES E III</b>	
STREET ADDRESS	<b>3839 ORTEGA BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FAGIN, ROBERT</b>	
STREET ADDRESS	<b>4567 ST. JOHNS BLUFF RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VD</b>
2.3 STREET ADDRESS	<b>CHENEY, ANDREW B.</b>
2.4 CITY-ST-ZIP	<b>50 N. LAURA STREET JACKSONVILLE, FL 32201</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>P</b>
5.3 STREET ADDRESS	<b>COMMANDER, CHARLES III</b>
5.4 CITY-ST-ZIP	<b>200 LAURA STREET JACKSONVILLE, FL 32201</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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

3/28/96

(904) 646-2710

Date

Daytime Phone #

CR2E037 (12/95)