## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 08, 2006 8:00 am Secretary of State 05-08-2006 90298 046 \*\*\*\*70.00

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1. Entity Name UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.



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4567 ST. JOHNS BLUFF ROAD S. 45 JJ DANIELS BLDG ROOM 1800 JJ [			JJ DANIELS BLDG ROO	lailing Address 1567 ST. JOHNS BLUFF ROAD S. J DANIELS BLDG ROOM 1800 ACKSONVILLE, FL 32224		•	37929		BIBU 6184 BIB	
	2. Principal P	lace of Business	3. Mailing Address							
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04072006 Cr	ng-NP	CR2E037	(11/05)	
	City & State	е	City & State			4. FEI Number 23-716770	1			oplied For of Applicable
ĺ	Zip	Country	Zip	Country		5. Certificate of St.	atus Desired		8.75 Add ee Require	
ŀ		6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New R	egistered Ag	ent	
I	SHUMAN,	SHARI		Nam	e					
	4567 ST J			Stree	et Address (	(P.O. Box Number is f	Not Acceptable	9)		
		,		City				FL	Zip Cod	le
l	B. The above	named entity submits this statement for	the purpose of changing it	s reaistered offic	e or register	red agent, or both in	the State of Flo		l miliar with	and accept
١	the obligat	ions of registered agent.			<b></b>					ano accopi
i		Shari Shuman	Share	1			4	21/0	,	
						21/0	6			
١	Sidirations.	Signature, when or printed name of redistered about an	of title if anoticeble (NO	TE: Depictored Asset of	montum require	dubon repetation)		DATE		
		Signature, typed or printed name of registered agent an	od title if applicable. (NO	TE: Registered Agent s	gnature required	d when reinstating)		DATE		
	Sid-vertically a	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca	TE: Registered Agent si ampaign Financin Contribution.		\$5.00 May Be Added to Fees	м	DATE ake check ( ida Departn		
	10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Ca Trust Fund	ampaign Financir	ig 🗆	\$5.00 May Be	M Flor	ida Departn	nent of Si	tate
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	10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE  VT  SERKIN, HOWARD	9. Election Ca Trust Fund	ampaign Financir Contribution. 11. TITLE NAME	ng D	\$5.00 May Be Added to Fees	M Flor	ida Departn RS AND DIRE	CTORS IN	tate
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	10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE  VT  SERKIN, HOWARD  225 WATER ST SUITE 1250	9. Election Ca Trust Fund ECTORS	ampaign Financin Contribution.  11.  TITLE NAME STREET ADDRE CITY-ST-ZIP	ng D	\$5.00 May Be Added to Fees	M Flor	i <b>da Departn</b> RS AND DIRE	CTORS IN Change	tate  V 10  Addition
	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE  VT  SERKIN, HOWARD  225 WATER ST SUITE 1250  JACKSONVILLE, FL 32247	9. Election Ca Trust Fund	ampaign Financin Contribution.  11.  TITLE NAME STREET ADDRE	ng D	\$5.00 May Be Added to Fees	M Flor	i <b>da Departn</b> RS AND DIRE	CTORS IN	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:	Shan	Shuman	4/21/06	<u> </u>
	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #