


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90454 039 ****70.00

DOCUMENT # 721844	
1. Entity Name UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.	

Principal Place of Business 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224	Mailing Address 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHUMAN, SHARI 4567 ST JOHNS RD JACKSONVILLE, FL 32224		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

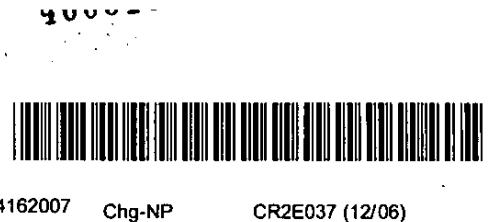
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SERKIN, HOWARD 225 WATER ST SUITE 1250 JACKSONVILLE, FL 32247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOVETT, W. RADFORD ONE INDEPENDENT SRIVE, SUITE 1600 JACKSONVILLE, FL 322025009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MAHER, JOHN J 1801 BARRS ST SUITE 600 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEWTON, RUSSELL B III 200 W. FORSYTH ST STE 1600 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLAIRE, PIERRE N 4567 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T- SHUMAN, SHARI A 4567 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Shari Shuman **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/23/07 Daytime Phone #: 904-620-4727



40091336
721844

ATTACHMENT

SEPERATE CHECK

University of North Florida
TRAINING & SERVICES INSTITUTE, INC.
J.J. Daniel Hall, Room 1800 • (904) 620-2790

Remit

CHECK REQUISITION

I. Check Information and Justification:

Date: 4/9/2007

Check Payable To: Florida Department of State Check Amount \$ 70.00

Address: Division of Corporation, P.O. Box 1500 Social Security No. _____

City, State ZIP: Tallahassee, FL 32302-1500 or _____

Instructions: Submit this completed form, two copies and an invoice. Federal Employer I.D. No. 50-001146

Description of Goods or Services:
UNF Foundation -2007 Not_For_Profit Corporation Annual Report - Document Number 721844 Annual Corporation Fee

Benefit Higher Education: _____

II. Account/Department Information and Authorization:

Account No. 01-000-1200 / 6003 Account Name: TSI/Foundation Accounting

Requested by: Sheila R. Konnully Department: TSI Accounting Extension: 2748

Authorized by:
Typed Name: Beverly Evans Signature: _____ Date _____

Second Authorization (Required if Payee and Authorized by are same person):
Typed Name: _____ Second Signature: _____ Date _____

III. Check Distribution:

- Mail check. (Note: Original and one copy of receipt(s) or invoice. The copy will be mailed with check.)
- Call to pick up check. (Name) _____ Ext. _____

Call one of the following UNF departments for check pick-up:

- Follett Bookstore
 - UNF Cashier's Office
 - UNF Ticket Box Office
 - Chartwell's
 - UNF Parking Services
 - UNF Travel Office
 - UNF Auxiliary Services
 - UNF Payroll Office
 - University Center
 - UNF Information Technology Services
 - UNF Physical Facilities
 - Other: _____
- (Note: Dept. Check Req. copy will be mailed to the department)

TRAINING & SERVICES INSTITUTE ACCOUNTING USE ONLY

Check Stub			Invoice Distribution	
Description	Amount	Invoice	G/L Code	Amount
UNF / FDN - Doc # 721844	70.00	YR 2007	6003	70.00
Total Amount: \$ <u>70.00</u>			Total Amount: \$ <u>70.00</u>	

Make copies before filing.
 No. Copies:
 1-Non-cash Fringe benefit
 1-IRS 1099 (GL5101, etc.)
 1-Prepaid Expenses (GL1820)
 2-Fixed Asset (GL5359)
 2-Moving Expenses (GL6350)

Sheila R. Konnully
 Prepared by _____ Date _____
 Approval for DE _____ Date _____
 Trace No. _____ Check No. _____ Date: _____

TSI Accounting Management Approval
 Required if \$15,000 or greater.
 _____ Date _____

Received by: _____ Date: _____ /Mailed to Payee (Date): _____