**FILE NOW: FILING FEE IS $61.25**

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **N96000006348 (4)**

1. Corporation Name

**COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION, FL ORIDA CHAPTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| OFFICE OF PERSONNEL SERVICE<br>100 WELDON BLVD.<br>SANFORD FL 32773 | OFFICE OF PERSONNEL SERVICE<br>100 WELDON BLVD.<br>SANFORD FL 32773-6199 |

3. Date Incorporated or Qualified: 12/13/1996
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: OFFICE OF PERSONNEL SERVICES
Suite, Apt. #, etc.
27: 100 WELDON BLVD.
City & State
28: SANFORD, FL
Zip / Country
29: 32773-6199 / 30: SEMINOLE

4. FEI Number: 59-3267263 ☐ 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

**9. Name and Address of Current Registered Agent**

CALVET, RUSS
DEAN OF PERSONNEL SERVICES
100 WELDON BLVD.
SANFORD FL 32773

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>Mark Roberts, UCF<br>P.O. Box 25000<br>Orlando, FL 32816 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P/D<br>Russ Calvet<br>Seminole C.C. 100 Weldon Blvd.<br>Sanford, FL 32773 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>Russ Calvet, Seminole C.C.<br>100 Weldon Blvd.<br>Sanford, FL 32773 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V/D<br>Joan Weiser<br>University of Miami, University Sta.<br>Coral Gables, FL 33124 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>Donna Popvich, Univ. of Tampa<br>401 W. Kennedy Blvd.<br>Tampa, FL 33606-1490 | ☒ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | T/D<br>Jodi Gentry<br>University of Florida<br>Gainesville, FL 32611 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | S/D<br>Janet Balanoff<br>University of Central Florida<br>P.O. Box 25000, Orlando, FL 32816 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Russ Calvet REQUIRED 4-11-97 (407) 328-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #