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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N96000006348 (4)

1. Corporation Name

COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION, FLORIDA CHAPTER, INC.

Principal Place of Business	Mailing Address
OFFICE OF PERSONNEL SERVICE 100 WELDON BLVD. SANFORD FL 32773	OFFICE OF PERSONNEL SERVIE 100 WELDON BLVD. SANFORD FL 32773-6199 US

3. Date Incorporated or Qualified: 12/13/1996

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 HR - Medical Campus	26 HR - Medical Campus, UM
22 Suite, Apt. #, etc. University of Miami	27 Suite, Apt. #, etc. 901 NW 17th Street
23 City & State Miami FL	28 City & State Miami FL
24 Zip 33136 / 25 Country U.S.	29 Zip 33136 / 30 Country US

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: JOAN Wieser
82 Street Address (P.O. Box Number is Not Acceptable): HR - Medical Campus, U. of Miami
83: 901 NW 17th Street, SUITE M
84 City: Miami FL 85 Zip Code: 33136

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: JOAN Wieser President, Director — 4/18/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CLAVET, RUSS		1.2 NAME	JOAN Wieser
STREET ADDRESS	SEMINOLE C.C., 100 WELDON BLVD.		1.3 STREET ADDRESS	Univ. of Miami - HR - Medical Campus
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	901 NW 17th St., Suite M, Miami FL 33136
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	~~WEISER, JOAN~~		2.2 NAME	Robert Willits
STREET ADDRESS	~~UNIVERSITY OF MIAMI, UNIVERSITY STA.~~		2.3 STREET ADDRESS	326 STADIUM WEST HR - University of Florida
CITY-ST-ZIP	~~CORAL GABLES FL~~		2.4 CITY-ST-ZIP	~~P.O. Box 115000~~, Gainesville FL 32611-5005
TITLE	TD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	~~GENTRY, JODI~~		3.2 NAME	Kendra Kokoska
STREET ADDRESS	~~UNIVERSITY OF FLORIDA~~		3.3 STREET ADDRESS	Personnel Svcs. - 100 Weldon Blvd.
CITY-ST-ZIP	~~GAINESVILLE FL~~		3.4 CITY-ST-ZIP	Sanford FL 32773
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~BALANOFF, JANET~~		4.2 NAME	~~Jodi Gentry - Union Pers. Serv.,~~
STREET ADDRESS	~~UNIVERSITY OF FLORIDA, P.O. BOX 25000~~		4.3 STREET ADDRESS	~~Univ. of Florida - 326 Stadium West~~
CITY-ST-ZIP	~~ORLANDO FL~~		4.4 CITY-ST-ZIP	~~P.O. Box 115265~~ ~~Gainesville, FL 32611-5006~~
TITLE		☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME			5.2 NAME	Janet Balanoff, EEO/AA Programs
STREET ADDRESS			5.3 STREET ADDRESS	230 Admin. Bldg. Univ. of Central Florida
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32816-0140
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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: Janet Balanoff — 4/18/98 — 407 823 2348

CR2E037 (10/97)