2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

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Entity Name: COLLEGE AND UNIVERSITY PERSONNEL ASSOCIATION, FLORIDA CHAPTER, INC.

Current Principal Place of Business:

ROLLINS COLLGE
1000 HOLT AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

ROLLINS COLLGE
1000 HOLT AVE 2718
WINTER PARK, FL 32789 US

Current Mailing Address:

ROLLINS COLLGE
1000 HOLT AVE
WINTER PARK, FL 32789 US

New Mailing Address:

ROLLINS COLLGE
1000 HOLT AVE 2718
WINTER PARK, FL 32789 US

FEI Number: 59-3267263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, LAURIE
11000 UNIVERSITY PARKWAY
BLDG 20E
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAWKS, MATT
Address: ROLLINS COLLEGE 1000 HOLT AVE
City-St-Zip: WINTER PARK, FL 32789

Title: PE ( ) Delete
Name: FAIRFAX, PAM
Address: EDISON COLLEGE 8099 COLLEGE PKWY SW
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete
Name: GOODLETT, KAREN
Address: FSU 6200 UNIVER CENTER
City-St-Zip: TALLAHASSEE, FL 32306

Title: T ( ) Delete
Name: JONES, LAURIE
Address: UWF 11000 UNIV PKWY 20 E BLDG
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HAWKS, MATT
Address: ROLLINS COLLEGE 1000 HOLT AVE 2718
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT HAWKS P 01/04/2005

Electronic Signature of Signing Officer or Director — Date