

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700658 (8)
1. Corporation Name
UNIVERSITY OF FLORIDA NATIONAL ALUMNI ASSOCIATION, INC.



Principal Place of Business
**2012 WEST UNIVERSITY AVE
PO BOX 14425
GAINESVILLE FL 32604**

Mailing Address
**2012 WEST UNIVERSITY AVE
PO BOX 14425
GAINESVILLE FL 32604**

3. Date Incorporated or Qualified
03/21/1960

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0801218

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

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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**ROBELL, PAUL A
2012 W. UNIVERSITY AVENUE
GAINESVILLE FL 32603**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBELL, PAUL A	
STREET ADDRESS	2012 W. UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOORE, RANDY	
STREET ADDRESS	1104 TRUMAN AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCALL, WAYNE	
STREET ADDRESS	5380 SE 18TH LANE	
CITY-ST-ZIP	OCALA, FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDANIEL, R WAYNE	
STREET ADDRESS	2012 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOUSS, STEVE	
STREET ADDRESS	200 S BISCAYNE BLVD 3000	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAWBUSH, ANDREW	
STREET ADDRESS	50 N. LAURA STREET, #2800	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Gainesville, FL 32603
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	Andrea Spottswood
3.4 CITY-ST-ZIP	1104 Truman Avenue
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Key West, FL 33040
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Gainesville, FL 32603
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P
5.3 STREET ADDRESS	Dr. Adrienne Garcia
5.4 CITY-ST-ZIP	2925 Santiago Street
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	Tampa, FL 33629

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *R Wayne McDaniel* R. WAYNE MCDANIEL 2-8-96 352/392-1905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)