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FILED
May 14 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 # **721844** (9)
1. Corporation Name
UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.



Principal Place of Business Mailing Address
4567 ST. JOHNS BLUFF ROAD S.
P O BOX 17074, ST JOHNS BLUFF RD S.
JACKSONVILLE FL 32216-3699

3. Date Incorporated or Qualified
10/11/1971

4. FEI Number **23-7167701**
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAGIN, ROBERT
4567 ST. JOHNS BLUFF RD. S.
JACKSONVILLE FL 32224

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

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 ☐ DELETE
NAME **VD**
STREET ADDRESS **BOND, WILLIAM B.**
CITY-ST-ZIP **225 WATER ST., #830**
JACKSONVILLE FL
TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **CHENEY, ANDREW B**
CITY-ST-ZIP **60 N LAURA ST**
JAX FL
TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BOWER, E. BRUCE**
CITY-ST-ZIP **225 WATER ST., STE. 860**
JACKSONVILLE FL 32202
TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **SMITH, J.P.**
CITY-ST-ZIP **552 PONTE VEDRA BLVD.**
JACKSONVILLE FL
TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **COMMANDER, CHARLES I**
CITY-ST-ZIP **200 LAURA ST**
JAX FL
TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **FAGIN, ROBERT**
CITY-ST-ZIP **4567 ST. JOHNS BLUFF RD**
JACKSONVILLE FL 32224

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

4/27/98 (904) 620-2000

CR2E037 (10/97)