

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90195 011 \*\*\*\*70.00

4004130



<b>DOCUMENT # 721844</b> 1. Entity Name UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.					
Principal Place of Business 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224			Mailing Address 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7167701			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSBY, RICHARD 4567 ST JOHNS RD JACKSONVILLE, FL 32224			Name Shuman, Shari		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Shari Shuman				2/22/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SERKIN, HOWARD 225 WATER ST SUITE 1250 JACKSONVILLE, FL 32247		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOVETT, W. RADFORD ONE INDEPENDENT SRIVE, SUITE1600 JACKSONVILLE, FL 322025009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ARDITTI, MARY 231 E. FORSYTH STREET JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEWTON, RUSSELL B III 200 W FORSYTH ST JACKSONVILLE, FL 32202		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Newton, Russell B III 200 W Forsyth St. Suite 1600	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLAIRE, PIERRE N 4567 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUMAN, SHARI A 4567 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Shari Shuman		2/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 904-620-2002	

# ATTACHMENT

40024190

# 721844

- Rose  
- Cristinn  
- TFA

University of North Florida  
TRAINING & SERVICES INSTITUTE, INC.  
J.J. Daniel Hall, Room 1800 • (904) 620-2790

Separate Check

## CHECK REQUISITION

### I. Check Information and Justification:

Date: 02/22/2005

Check Payable To: Florida Department of State

Check Amount \$ 70.00

Address: Div. of Corporations/P.O. Box 1500

Social Security No.

City, State ZIP: Tallahassee, FL 32302-1500

or

Instructions: Submit this completed form and one copy

Federal Employer I.D. No. 50081146

Description of Goods or Services:

For 2005 Not-For-Profit Corporation Annual Report - Foundation

Document # 721844

Benefit Higher Education:

### II. Account/Department Information and Authorization:

Account No. 01-00-01-200

Account Name: TSI/Foundation Accounting

Requested by: Rose Avery

Department: TSI/Foundation Accounting Extension: 2790

Authorized by:

Typed Name: Beverly Evans

Signature: Beverly Evans

Date: 2/22/05

Second Authorization (Required if Payee and Authorized by are same person):

Typed Name:

Second Signature:

Date

### III. Check Distribution:

☒ Mail check. (Note: Original and one copy of receipt(s) or invoice. The copy will be mailed with check.)

☐ Call to pick up check. (Name)

Ext.

Call one of the following UNF departments for check pick-up:

☐ Follett Bookstore

☐ UNF Cashier's Office

☐ UNF Ticket Box Office

☐ Chartwell's

☐ UNF Parking Services

☐ UNF Travel Office

☐ UNF Auxiliary Services

☐ UNF Payroll Office

☐ University Center

☐ UNF Information Technology Services

☐ UNF Physical Facilities

(Note: Dept. Check Req. copy will be mailed to the department)

☐ Other:

### TRAINING & SERVICES INSTITUTE ACCOUNTING USE ONLY

Check Stub			Invoice Distribution	
Description	Amount	Invoice	G/L Code	Amount
UNF - TSI/Fdn	70	7/22/05	6003	70
UNF/Fdn - Doc # 721844				
Total Amount: \$ 70 -			Total Amount: \$ 70	

Make copies before filing.

No. Copies:

1-Non-cash Fringe benefit

1-IRS 1099 (GL5101, etc.)

1-Prepaid Expenses (GL1820)

2-Fixed Asset (GL5359)

2-Moving Expenses (GL6350)

Prepared by

Date

Approval for DE

Date

TSI Accounting Management Approval  
Required if \$15,000 or greater.

Date

Trace No. 117

Check No.

Date:

Received by:

Date:

/Mailed to Payee (Date):