

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721844

**Entity Name:** UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.**Current Principal Place of Business:**1 UNF DR  
BLDG 53, SUITE 2900  
JACKSONVILLE, FL 32224**Current Mailing Address:**1 UNF DR  
BLDG 53, SUITE 2900  
JACKSONVILLE, FL 32224**FEI Number:** 23-7167701**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHUMAN, SHARI  
1 UNF DRIVE  
BLDG 53, SUITE 2200  
JACKSONVILLE, FL 32224 US*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**Officer/Director Detail :**Title D  
Name MOORER, JOSEPH P  
Address 1 UNF DRIVE, ALUMNI HALL  
City-State-Zip: JACKSONVILLE FL 32224Title P  
Name RYZEWIC, SUSAN  
Address 1 UNF DRIVE, ALUMNI HALL  
City-State-Zip: JACKSONVILLE FL 32224Title S  
Name ALLAIRE, PIERRE N  
Address 1 UNF DRIVE, ALUMNI HALL  
City-State-Zip: JACKSONVILLE FL 32224Title D  
Name FLOWERS, WAYNE  
Address 1 UNF DRIVE, ALUMNI HALL  
City-State-Zip: JACKSONVILLE FL 32224Title D  
Name GELLATLY, MARGARET  
Address 1 UNF DRIVE, ALUMNI HALL  
City-State-Zip: JACKSONVILLE FL 32224Title T  
Name SHUMAN, SHARI A  
Address 1 UNF DRIVE, SUITE 2200  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHARI A SHUMAN**TREASURER****04/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date