2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2004 8:00 am Secretary of State

1. Entity Name	VIEN I: # 700658 e ITY OF FLORIDA ALUMNI	ASSOCIATIO	N, INC.				07-19-200	04 90003 ()25 ****6;	1.25	
Principal Place of Business 1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603 Mailing Address PO BOX 14425 GAINESVILLE, FL 32604						È I nd iii 1 70 1	54 (\$ <i>0</i> 7		
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07072004	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State				4. FEI Numbe 59-2199				plied For at Applicable	
Zip	Country	Zip	С	Country		5. Certificate	of Status Desired	=	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of Nev	v Registered	Agent		
DDAM I E	el le n			Name							
BRAM, LESLIE D 1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603				Street A	ddress (F	dress (P.O. Box Number is Not Acceptable)					
<u> </u>	-			City				FL	Zip Code	· 9	
8. The above	named entity submits this statement for	or the purpose of cha	anging its registe	tered office or	registere	ed agent, or bot	h. in the State of	Florida, I am	familiar with.	and accept	
the obligati	ions of registered agent.	t and litte if annulinable	(NOTE- Regist	tared from stones	ra raquirad	when reinstations				 -	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 8 2004

352-392-190S