2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # 700658 1. Entity Name UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.						01-18-2005 90035 028 ****61.25				
Principal Place of Business 1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603 Mailing Address PO BOX 14425 GAINESVILLE, FL 32604				4			40001			
2. Principal Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State				4. FEI Number Applied For 59-2199059 Not Applicable				
Zip	Country		ip Cou		intry	5. Certificate of Status Desired \$8.75 Add Fee Required				
	6. Name and Address of Current	Registere	d Agent		Nesses	7. Name and Ad	dress of New	Registered A	gent	
BRAM, LESLIE D					Name					
1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603					Street Address (P.O. Box Number is Not Acceptable)					
									1 4	
					City			FL	Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	r the purp	ose of changing its r	registere	ed office or register	red agent, or both, i	n the State of F	orida. I am fa	ımiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and tille if and	Washin (NOTE)	Posistana	d Agent signature required			DATE	•	-
· · ·			INCADIB. (NOTE:	. riogistei ei	o Again agricio e requirec	u when reinstating)	1	DATE		
· · · · · ·	Filing Fee is \$61.25 Due by May 1, 2005		9. Election Cam Trust Fund Co	paign F	inancing	\$5.00 May Be Added to Fees		Make check rida Departr		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR		9. Election Carn Trust Fund Co	paign F	inancing on.	\$5.00 May Be	Flo	lake check rida Departr	nent of St	ate
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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:

392-1905