2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700658

FILED Jan 13, 2009 Secretary of State

Entity Name: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603 **Current Mailing Address: New Mailing Address:** PO BOX 14425 GAINESVILLE, FL 32604 FEI Number: 59-2199059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAM, LESLIE D 1938 W. UNIVERSITY AVE GAINESVILLE, FL 32603 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBELL, PAUL A Name: Name: 1938 W. UNIVERSITY AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: Title: Title: () Delete (X) Change () Addition NOUSS, MARK Name: NOUSS, MARK Name: Address: 16510 MILLAN DE ARILA Address: 16510 MILLAN DE ARILA City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613 Title: () Delete Title: (X) Change () Addition DARNELL, TERESA PARNELL, TERESA Name: Name: 4624 W PEARL AVE 4624 W PEARL AVE Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611 Title: () Delete Title: (X) Change () Addition PATOUILLET, LELAND D DR Name: BRAN, LESLIE D Name: 1938 W UNIVEERSITY AVE 1938 W UNIVEERSITY AVE Address: Address: City-St-Zip: GAINESVILLE, FL 32603 City-St-Zip: GAINESVILLE, FL 32603 Title: () Delete Title: (X) Change () Addition SPEARMAN, LEONARD TROWBRIDGE, MARK Name: Name: 260 HIBISCUS DRIVE 19810 RIVER ROCK DR Address: Address: City-St-Zip: KATY, TX 77449 City-St-Zip: MIAMI SPRINGS, FL 33166 Title: () Delete Title: (X) Change () Addition JONASEN, JEFFREY JONASEN, JEFFREY Name: Name: Address: **POB 112** Address: **POB 112** ORLANDO, FL 32802 ORLANDO, FL 32802 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LELAND D. PATOUILLET, PHD S 01/13/2009