

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700658

FILED
Apr 22, 2011
Secretary of State

Entity Name: UNIVERSITY OF FLORIDA ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

1938 W. UNIVERSITY AVE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

PO BOX 14425
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 59-2199059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAM, LESLIE D
1938 W. UNIVERSITY AVE
GAINESVILLE, FL 32603 US

Name and Address of New Registered Agent:

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:

Title: SD
Name: MITCHELL, TOM
Address: 1938 W. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: P
Name: TROWBRIDGE, MARK
Address: 260 HIBISCUS DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: V
Name: MCKIBBEN, KELLY
Address: 549 CARMEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: T
Name: ROSENBERG, JASON
Address: 16008 NW 78 AVENUE
City-St-Zip: ALACHUA, FL 32615

Title: D
Name: JONASEN, JEFF
Address: PO BOX 770924
City-St-Zip: WINTER GARDEN, FL 34777

Title: S
Name: MARQUIS, KATIE
Address: 1938 W UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32603

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: KATIE MARQUIS

S

04/22/2011

Electronic Signature of Signing Officer or Director

Date