2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709631

Apr 28, 2008 Secretary of State

Entity Name: UNIVERSITY OF WEST FLORIDA FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11000 UNIVERSITY PARKWAY PENSACOLA, FL 325142750

Current Mailing Address: New Mailing Address:

11000 UNIVERSITY PARKWAY PENSACOLA, FL 325142750

FEI Number: 59-6166292 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:

STEPHENSON, SUSAN E 11000 UNIVERSITY PKWY BLDG 12 RM 129 PENSACOLA, FL 32514 US

OFFICERS AND DIRECTORS:

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

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

SHAW, BRETT Name: SHAW, BRETT Name: PO BOX 512 Address: 5 TOMAHAWK COURT Address: City-St-Zip: DEFUNIAK SPRINGS, FL 324350512 DESTIN, FL 32543

() Delete Title: VD Title: () Change () Addition CLEVELAND, DAVE Name: Name: Address: 495 JAMES RIVER ROAD Address: City-St-Zip: GULF BREEZE, FL 32561 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MAYGARDEN, JERRY RODGERS, CASEY Name: Name:

516 E ZARAGOZA ST US DISTRICT COURT, 1 N PALAFOX ST Address: Address:

City-St-Zip: PENSACOLA, FL 325026155 City-St-Zip: PENSACOLA, FL 32501

Title: PD () Delete Title: () Change () Addition

Name: GILLULY, MARNY A Name: Address: 415 FIRST STREET, SE Address: City-St-Zip: WASHINGTON, DC 200031827 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: SUSAN STEPHENSON ED 04/28/2008