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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721844** **(9)**

1. Corporation Name

UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
4567 ST. JOHNS BLUFF ROAD S. P O BOX 17074. ST JOHNS BLUFF RD S. JACKSONVILLE FL 32216-3699	4567 ST. JOHNS BLUFF ROAD S. P O BOX 17074. ST JOHNS BLUFF RD S. JACKSONVILLE FL 32245-7074

3. Date Incorporated or Qualified: 10/11/1971
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 23-7167701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FAGIN, ROBERT
4567 ST. JOHNS BLUFF RD. S.
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	COBB, JAMES E		1.2 NAME	BOND, WILLIAM B.	
STREET ADDRESS	1609 GULF LIFE TOWER (PEEK & COBB, P.A.)		1.3 STREET ADDRESS	225 WATER ST., #830	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202-5141	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHENEY, ANDREW B		2.2 NAME		
STREET ADDRESS	50 N LAURA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOWER, E. BRUCE		3.2 NAME		
STREET ADDRESS	225 WATER ST., STE. 860		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, J.P.		4.2 NAME		
STREET ADDRESS	552 PONTE VEDRA BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COMMANDER, CHARLES I		5.2 NAME		
STREET ADDRESS	200 LAURA ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FAGIN, ROBERT		6.2 NAME		
STREET ADDRESS	4567 ST. JOHNS BLUFF RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32224		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert F. Fagin, Treasurer 1/10/97 (904) 646-2710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006560