


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90157 012 ****70.00

DOCUMENT # 721844 1. Entity Name UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.					
Principal Place of Business 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224			Mailing Address 4567 ST. JOHNS BLUFF ROAD S. JJ DANIELS BLDG ROOM 1800 JACKSONVILLE, FL 32224		
2. Principal Place of Business - No P.O. Box # 1 UNF Drive		3. Mailing Address 1 UNF Drive			
Suite, Apt. #, etc. JJ Daniels Bldg Rm 1800		Suite, Apt. #, etc. JJ Daniels Bldg Rm 1800			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32224	Country US	Zip 32224	Country US	4. FEI Number 23-7167701	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHUMAN, SHARI 4567 ST JOHNS RD JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name Shuman, Shari Street Address (P.O. Box Number is Not Acceptable) 1 UNF Drive City Jacksonville FL 32224		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Shari A Shuman</i></u> 4/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SERKIN, HOWARD 225 WATER ST SUITE 1250 JACKSONVILLE, FL 32247	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Milligan, James 1 UNF Drive Jacksonville, FL 32224
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOVETT, W. RADFORD ONE INDEPENDENT SRIVE, SUITE 1600 JACKSONVILLE, FL 322025009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lovett, W. Radford 1 UNF Drive Jacksonville, FL 32224
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MAHER, JOHN J 1801 BARRS ST SUITE 600 JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Ryzewic, Susan 1 UNF Drive Jacksonville, FL 32224
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NEWTON, RUSSELL B III 200 W. FORSYTH ST STE 1600 JACKSONVILLE, FL 32202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Newton, Russell B III 1 UNF Drive Jacksonville, FL 32224
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLAIRE, PIERRE N 4567 ST. JOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Allaire, Pierre N 1 UNF Drive Jacksonville, FL 32224
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHUMAN, SHARI A 4567 ST. JOHNS BLUFF RD JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shuman, Shari A 1 UNF Drive Jacksonville, FL 32224
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Shari Shuman</u> <u><i>Shari Shuman</i></u> 4/29/08 904-626-2002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

University of North Florida Foundation, Inc.

40094265

#721844

2008 UNF FOUNDATION BOARD MEMBERS**John J. Allen**

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