2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 721844

Entity Name: UNIVERSITY OF NORTH FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

1 UNF DR
JJ DANIELS BLDG ROOM 1800
JACKSONVILLE, FL 32224

New Principal Place of Business:

1 UNF DR
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224

Current Mailing Address:

1 UNF DR
JJ DANIELS BLDG ROOM 1800
JACKSONVILLE, FL 32224

New Mailing Address:

1 UNF DR
BLDG 53, SUITE 2900
JACKSONVILLE, FL 32224

FEI Number: 23-7167701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHUMAN, SHARI
1 UNF DR
JACKSONVILLE, FL 32224 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:	C	( ) Delete
Name:	MILLIGAN, JAMES	
Address:	1 UNF DR	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	D	( ) Delete
Name:	LOVETT, W. RADFORD	
Address:	ONE INDEPENDENT SRIVE, SUITE1600	
City-St-Zip:	JACKSONVILLE, FL 322025009	
Title:	C	( ) Delete
Name:	RYZEWIC, SUSAN	
Address:	1 UNF DR	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	PT	( ) Delete
Name:	NEWTON, RUSSELL B III	
Address:	1 UNF DR	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	S	( ) Delete
Name:	ALLAIRE, PIERRE N	
Address:	1 UNF DR	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	T	( ) Delete
Name:	SHUMAN, SHARI A	
Address:	1 UNF DR	
City-St-Zip:	JACKSONVILLE, FL 32224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: SHARI A SHUMAN TREA 04/22/2009
Electronic Signature of Signing Officer or Director — Date