

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90010 026 \*\*\*\*70.00

<b>DOCUMENT # 731703</b> 1. Entity Name <b>RETIRED FACULTY OF THE UNIVERSITY OF FLORIDA, INC.</b>					
Principal Place of Business <b>HARN MUSEUM OF ART HULL ROAD UF GAINESVILLE, FL 32607 US</b>			Mailing Address <del>4717 NW 23RD AVE. #2-B</del> <del>GAINESVILLE, FL 32605 US</del> <b>PO BOX 15544 UNIV. STATION</b> <b>GAINESVILLE, FL 32604-1554 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 15544,</b>  Suite, Apt. #, etc. <b>UNIVERSITY STATION</b>			
City & State  Zip		City & State <b>Gainesville, FL</b> Zip <b>32604-1554</b>		4. FEI Number <b>51-0189831</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YU, LUCIA Y</b> <b>1717 NW 23RD AVE.</b> <b>#2-B</b> <b>GAINESVILLE, FL 32605</b>				7. Name and Address of New Registered Agent  Name <b>VAN DYKE, WILLIAM A., JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>8708 SW 8TH PLACE</b>  City <b>Gainesville</b>	
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.				FL Zip Code <b>32607</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YU, LUCIA Y 1717 NW 23RD AVE., 2-B GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN DYKE, WILLIAM A., JR 8708 SW 8TH PLACE GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP PETKUS, EDWARD 4311 NW 36TH TERR. GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP M. JACK OHANIAN 6095 TWIN LAKES ROAD KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OHANIAN, M. JACK 6095 SOUTH TWIN LAKE RD KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUANE ELLIFRITT, 1410 NW 46 STREET GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAUCERMAN, JAMES R 1331 NW 107TH TERR/ GAINESVILLE, FL 32696	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC RAMEY, ROBERT A 4526 NW 36TH TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROZIER, VIRGINIA R 320 NW 34TH TERRACE GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOUR, Joseph 9616 SW 67TH DRIVE GAINESVILLE FL 32608	<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>William A. Van Dyke Jr. Treasurer</u> <u>1/29/06</u> <u>(352) 332-4859</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					