

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90030 017 ****70.00

DOCUMENT # 731703

1. Entity Name
**RETIRED FACULTY OF THE UNIVERSITY OF FLORIDA,
INC.**



Principal Place of Business
**HARN MUSEUM OF ART
HULL ROAD UF
GAINESVILLE, FL 32607 US**

Mailing Address
**P.O. BOX 15544
UNIVERSITY STATION
GAINESVILLE, FL 32604-1554 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
51-0189831

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DYKE, WILLIAM A JR
8708 SW 8TH PLACE
GAINESVILLE, FL 32607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **T** ☐ Delete
NAME **VAN DYKE, WILLIAM R JR**
STREET ADDRESS **8708 SW 8TH PLACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PP** ☒ Delete
NAME **OHANIAN, JACK**
STREET ADDRESS **6095 TWIN LAKES RD**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **ELLIFRITT, Duane** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1410 NW 46th ST**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **P** ☒ Delete
NAME **ELLIFRITT, DUANE**
STREET ADDRESS **1410 NW 46 ST**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **TAYLOR, CHARLES E.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **5000 SW 25th AVE, UNIT 1100**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **S** ☐ Delete
NAME **SAUCERMAN, JAMES R**
STREET ADDRESS **1331 NW 107TH TERR/**
CITY-ST-ZIP **GAINESVILLE, FL 32696**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MC** ☐ Delete
NAME **RAMEY, ROBERT A**
STREET ADDRESS **4526 NW 36TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ANDUR, JOSEPH**
STREET ADDRESS **9616 SW 67TH DR**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William A. Van Dyke Jr* **WILLIAM A. VAN DYKE JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

1-3-07

352-332-4859

Date

Daytime Phone #