

**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 OF
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.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
51-0189831

Applied For
Not Applicable

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

6. Name and Address of Current 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

PP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**OHANIEN, JACK
6095 TWIN LAKES RD
KEYSTONE HEIGHTS, FL 32656**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ELLIFRITT, Duane
1410 NW 46TH ST
GAINESVILLE FL 32605**

Change Addition

P
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ELLIFRITT, DUANE
1410 NW 46 ST
GAINESVILLE, FL 32605**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TAYLOR, CHARLES E.
5000 SW 25TH AVE, UNIT 1100
GAINESVILLE FL 32608**

Change Addition

S
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SAUCERMAN, JAMES R
1331 NW 107TH TERR/
GAINESVILLE, FL 32696**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

MC
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RAMEY, ROBERT A
4526 NW 36TH TERRACE
GAINESVILLE, FL 32605**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

D
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ANDUR, JOSEPH
9616 SW 67TH DR
GAINESVILLE, FL 32608**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: William A. Van Dyke Jr. WILLIAM A. VAN DYKE JR. TREASURER

1-3-07 352-332-4859

Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR