

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731703

FILED
Jan 08, 2010
Secretary of State

Entity Name: RETIRED FACULTY OF THE UNIVERSITY OF FLORIDA, INC.

Current Principal Place of Business:

HARN MUSEUM OF ART
HULL ROAD UF
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15544
UNIVERSITY STATION
GAINESVILLE, FL 326041554 US

New Mailing Address:

FEI Number: 51-0189831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CANELAS, DALE B
1622 NW 19TH CIRCLE
GAINESVILLE, FL 32605 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: T
Name: CANELAS, DALE B
Address: 1622 NW 19TH CIRCLE
City-St-Zip: GAINESVILLE, FL 32605

Title: PP
Name: MANSELL, ROBERT S
Address: 1702 NW 17TH LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: P
Name: MCCONNELL, DENNIS B
Address: 7019 NW 49TH ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: S
Name: FOLTZ, JOHN
Address: 3427 NW 42ND TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: MC
Name: BOLDUC, ROY
Address: 1206 NW 39TH DR
City-St-Zip: GAINESVILLE, FL 32605

Title: PE
Name: HAULMAN, STEVE
Address: 4316 NW 37TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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 all other like empowered.

SIGNATURE: DALE B. CANELAS

T

01/08/2010

Electronic Signature of Signing Officer or Director

Date