

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731703

FILED  
Apr 17, 2012  
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 ( )**

**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:**

BROCKMANN, HJANE  
415 NW 19TH ST  
GAINESVILLE, FL 32603 US

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: H. JANE BROCKMANN

04/17/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BROCKMANN, HJANE  
Address: 415 NW 19TH ST  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: PP  
Name: DOTY, KEITH  
Address: 316 NW 17TH ST  
City-St-Zip: GAINESVILLE, FL 32603 US

Title: P  
Name: KILMER, RICHARD  
Address: 2504 NW 95TH ST  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: S  
Name: SCOTT, JOHN  
Address: 3112 NW 57TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MC  
Name: BLOODWORTH, SHIRLEY  
Address: 8620 NW 13TH ST LOT 354  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: PE  
Name: SPRING, ANITA  
Address: 5707 SW 17TH DR  
City-St-Zip: GAINESVILLE, FL 32608 US

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: H. JANE BROCKMANN

T

04/17/2012

Electronic Signature of Signing Officer or Director

Date