

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000595

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE UNIVERSITY OF GEORGIA FOUNDATION, INC.

Current Principal Place of Business:

394 SOUTH MILLEDGE AVENUE, SUITE 100
ATHENS, GA 30602

New Principal Place of Business:

Current Mailing Address:

394 SOUTH MILLEDGE AVENUE, SUITE 100
ATHENS, GA 30602

New Mailing Address:

FEI Number: 58-6033837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARNER, JOHN A
SULLIVAN & GARNER, LLP
800 LAUREL OAK DRIVE, SUITE 303
NAPLES, FL 341082713 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: C () Delete
Name: YOUNG, WILLIAM D JR.
Address: 394 SOUTH MILLEDGE AVENUE, SUITE 100
City-St-Zip: ATHENS, GA 30602

Title: V () Delete
Name: HOLMES, SAMUEL D
Address: 394 SOUTH MILLEDGE AVENUE, SUITE 100
City-St-Zip: ATHENS, GA 30602

Title: S () Delete
Name: CONWAY, RACHAEL C
Address: 394 SOUTH MILLEDGE AVENUE, SUITE 100
City-St-Zip: ATHENS, GA 30602

Title: T () Delete
Name: JACKSON, KENNETH G
Address: 394 SOUTH MILLEDGE AVENUE, SUITE 100
City-St-Zip: ATHENS, GA 30602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO () Change (X) Addition
Name: COYLE, CYNTHIA G
Address: 394 SOUTH MILLEDGE AVENUE, SUITE 100
City-St-Zip: ATHENS, GA 30602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA G. COYLE

CFO

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date