

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005850

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** UNIVERSITY OF FLORIDA HAND FELLOWS ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

200 SW 62ND BLVD., STE. B  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

3450 HULL ROAD  
GAINESVILLE, FL 32611 AL

**Current Mailing Address:**

200 SW 62ND BLVD., STE. B  
GAINESVILLE, FL 32607

**New Mailing Address:**

3450 HULL ROAD  
GAINESVILLE, FL 32611 AL

FEI Number: 37-1457997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRICCHIO, MIKE  
200 SW 62ND BLVD., STE. B  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

CRICCHIO, MIKE  
3450 HULL ROAD  
GAINESVILLE, FL 32611 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: MIKE CRICCHIO

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DELL, PAUL C  
Address: 200 SW 62ND BLVD., STE. B  
City-St-Zip: GAINESVILLE, FL 32607

Title: SD ( ) Delete  
Name: CHIDGEY, LARRY  
Address: 200 SW 62ND BLVD., STE. B  
City-St-Zip: GAINESVILLE, FL 32607

Title: TD ( ) Delete  
Name: WRIGHT, THOMAS W  
Address: 200 SW 62ND BLVD., STE. B  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DELL, PAUL C  
Address: 3450 HULL ROAD  
City-St-Zip: GAINESVILLE, FL 32611 AL

Title: SD (X) Change ( ) Addition  
Name: CHIDGEY, LARRY  
Address: 3450 HULL ROAD  
City-St-Zip: GAINESVILLE, FL 32611 AL

Title: TD (X) Change ( ) Addition  
Name: WRIGHT, THOMAS W  
Address: 3450 HULL ROAD  
City-St-Zip: GAINESVILLE, FL 32611 AL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL DELL

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date