

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90047 032 ****61.25

DOCUMENT # N02000005850					
1. Entity Name UNIVERSITY OF FLORIDA HAND FELLOWS ALUMNI ASSOCIATION, INC.					
Principal Place of Business 3450 HULL ROAD GAINESVILLE, FL 32611			Mailing Address 3450 HULL ROAD GAINESVILLE, FL 32611		
2. Principal Place of Business			3. Mailing Address PO BOX 112727		
Suite, Apt. #, etc. RM 3341			Suite, Apt. #, etc.		
City & State			City & State Gainesville, FL		
Zip 32607		Country		Zip 3261102727	
Country		Country		4. FEI Number 37-1457997	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRICCHIO, MIKE 3450 HULL ROAD GAINESVILLE, FL 32611			7. Name and Address of New Registered Agent Name M. Louise Stewart Street Address (P.O. Box Number is Not Acceptable) 3450 Hull Road #3341 City Gainesville FL Zip Code 32607		
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 <u>M. Louise Stewart</u> <i>M. Louise Stewart</i>			DATE <u>1/11/2006</u>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD DELL, PAUL C 3450 HULL ROAD GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RM 3341 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHIDGEY, LARRY 3450 HULL ROAD GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, THOMAS W 3450 HULL ROAD GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>M. Louise Stewart</i>			Date <u>1/13/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>352-273-7375</u>		