

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005850

FILED
Jan 08, 2007
Secretary of State

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

Current Principal Place of Business:

3450 HULL ROAD
RM 3341
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

POB 112727
GAINESVILLE, FL 326110272

New Mailing Address:

FEI Number: 37-1457997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, M L
3450 HULL RD , # 3341
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

KEENE, B
3450 HULL RD , # 3341
GAINESVILLE, FL 32607 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: BETH KEENE

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DELL, PAUL C
Address: 3450 HULL RD , RM 3341
City-St-Zip: GAINESVILLE, FL 32607 AL

Title: SD () Delete
Name: CHIDGEY, LARRY
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607 AL

Title: TD () Delete
Name: WRIGHT, THOMAS W
Address: 3450 HULL ROAD
City-St-Zip: GAINESVILLE, FL 32607 AL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL C. DELL

MD

01/08/2007

Electronic Signature of Signing Officer or Director

Date