

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009967

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: NYU ALUMNI CLUB OF FLORIDA, INC.

## Current Principal Place of Business:

C/O CRAIG E. BEHRENFELD  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606

## New Principal Place of Business:

## Current Mailing Address:

C/O CRAIG E. BEHRENFELD  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606

## New Mailing Address:

FEI Number: 11-3671010

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEHRENFELD, CRAIG E  
601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 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: D ( ) Delete  
Name: ALLEY, JOHN-EDWARD  
Address: 101 E KENNEDY BLVD STE 900  
City-St-Zip: TAMPA, FL 33602

Title: DT ( ) Delete  
Name: THAYER, A. BRONSON  
Address: PO BOX 901  
City-St-Zip: TAMPA, FL 33601

Title: DP ( ) Delete  
Name: STARFIELD, DICK  
Address: 800 BEN FRANKLIN DR  
City-St-Zip: SARASOTA, FL 34236

Title: DV ( ) Delete  
Name: LOADER, JOAN M  
Address: 13325 108TH AVENUE  
City-St-Zip: LARGO, FL 34774

Title: DS ( ) Delete  
Name: BEHRENFELD, CRAIG E  
Address: 601 BAYSHORE BLVD STE 700  
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete  
Name: FISCHER, FRANK  
Address: 9400 LAKE CHRISTINA LANE  
City-St-Zip: PORT RICHEY, FL 34668

## 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: ( ) 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 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: CRAIG E. BEHRENFELD

DIR.

01/17/2005

Electronic Signature of Signing Officer or Director

Date