

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001880

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: UCF ATHLETICS ASSOCIATION, INC.

**Current Principal Place of Business:**

4000 CENTRAL FLORIDA BLVD.  
BLDG 38, RM 123  
ORLANDO, FL 32816

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 163555  
ORLANDO, FL 328163555 US

**New Mailing Address:**

FEI Number: 56-2334448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

COLE, W. SCOTT  
4000 CENTRAL FLORIDA BLVD. ROOM 360  
MILLICAN HALL  
ORLANDO, FL 32816 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR. ( ) Delete  
Name: HITT, JOHN C  
Address: P.O. BOX 160002  
City-St-Zip: ORLANDO, FL 328160002 US

Title: MR. ( ) Delete  
Name: ALBERTSON, DAVID  
Address: P.O. BOX 2999  
City-St-Zip: WINTER PARK, FL 327892999 US

Title: MR. ( ) Delete  
Name: MERCK, WILLIAM  
Address: P.O. BOX 160020  
City-St-Zip: ORLANDO, FL 328160020 US

Title: MR ( ) Delete  
Name: ORSINI, STEVEN  
Address: P.O. BOX 163555  
City-St-Zip: ORLANDO, FL 328163555 US

**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: MR (X) Change ( ) Addition  
Name: TRIBBLE, KEITH  
Address: P.O. BOX 163555  
City-St-Zip: ORLANDO, FL 328163555 US

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: W. SCOTT COLE

COUN

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date