

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001880

FILED
Feb 29, 2008
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 ()

Name and Address of Current Registered Agent:

COLE, W. SCOTT
4000 CENTRAL FLORIDA BLVD. ROOM 360
MILLICAN HALL
ORLANDO, FL 32816 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: 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: TRIBBLE, KEITH
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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEITH TRIBBLE

MR.

02/29/2008

Electronic Signature of Signing Officer or Director

Date