2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N03000001880

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 (X)**

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 D 04/18/2009

Electronic Signature of Signing Officer or Director — Date