

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005240
1. Entity Name
RESIDENTS OF UNIVERSITY VILLAGE EMPLOYEE
SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business 12401 N. 22ND ST., APT. A-701 TAMPA, FL 33612	Mailing Address 12401 N. 22ND ST. APT. A-701 TAMPA, FL 33612
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1183950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P ESQ.
315 S. HYDE PARK AVE.
TAMPA, FL 33606

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLOWE, HENRY 12401 N. 22ND ST. - APT. A-701 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROGER 12401 N. 22ND ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELDRED, NELSON 12401 N. 22ND ST. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80030-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nelson Eldred*

April 2, 2007 (813) 975-5827