

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N04000005240

Entity Name: RESIDENTS OF UNIVERSITY VILLAGE EMPLOYEE SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

12401 N. 22ND ST.
APT G-201
TAMPA, FL 33612

New Principal Place of Business:

12401 N. 22ND ST.
APT F504
TAMPA, FL 33612

Current Mailing Address:

12401 N. 22ND ST.
APT G-201
TAMPA, FL 33612

New Mailing Address:

12401 N. 22ND ST.
APT F504
TAMPA, FL 33612

FEI Number: 20-1183950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P ESQ.
315 S. HYDE PARK AVE.
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: ELDRED, NELSON
Address: 12401 N. 22ND ST.
City-St-Zip: TAMPA, FL 33612

Title: P () Delete
Name: GRIMES, ROBERT
Address: 12401 N 22ND ST APT G-201
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: PATTERSON, GERALD
Address: 12401 N 22ND ST APT G-112
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: JENNINGS, WILLIAMS H
Address: 12401 N 22ND ST APT C-407
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRIMES, ROBERT
Address: 12401 N. 22ND ST. APT G201
City-St-Zip: TAMPA, FL 33612

Title: VP (X) Change () Addition
Name: PATTERSON, GERALD
Address: 12401 N 22ND ST APT D112
City-St-Zip: TAMPA, FL 33612

Title: S (X) Change () Addition
Name: ELDRED, NELSON
Address: 12401 N 22ND ST APT C607
City-St-Zip: TAMPA, FL 33612

Title: T (X) Change () Addition
Name: MCGILL, FRANCES
Address: 12401 N 22ND ST APT C707
City-St-Zip: TAMPA, FL 33612

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: ROBERT GRIMES

P

01/25/2009

Electronic Signature of Signing Officer or Director

Date