

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008129

FILED
Mar 04, 2008
Secretary of State

Entity Name: UCF CONVOCATION CORPORATION

Current Principal Place of Business:

4000 CENTRAL FLORIDA BLVD. ROOM 384
MILLICAN HALL
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

4000 CENTRAL FLORIDA BLVD. ROOM 384
MILLICAN HALL
ORLANDO, FL 32816

New Mailing Address:

FEI Number: 16-1733312

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 384
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: C () Delete
Name: HOLMES, ROBERT J MR.
Address: 12424 RESEARCH PKWY, STE 250
City-St-Zip: ORLANDO, FL 32826

Title: P () Delete
Name: EHASZ, MARIBETH DR
Address: 4000 CENTRAL FLORIDA BLVD, MH 282
City-St-Zip: ORLANDO, FL 32816

Title: S/T () Delete
Name: MERCK LL, WILLIAM F MR.
Address: PO BOX 160020
City-St-Zip: ORLANDO, FL 32816

Title: D () Delete
Name: BARNES, BETH DR
Address: PO BOX 160002
City-St-Zip: ORLANDO, FL 32816

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: WILLIAM F. MERCK

S/T

03/04/2008

Electronic Signature of Signing Officer or Director

Date