

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009486

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: UF COM CLASS OF 2009, INC.

## Current Principal Place of Business:

1600 SW ARCHER RD.  
ROOM C1-15  
GAINESVILLE, FL 32610 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 100597  
GAINESVILLE, FL 32610 US

## New Mailing Address:

FEI Number: 20-3435079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ROUTH, ROBERT H  
2735 SW 35TH PL.  
APT. 304  
GAINESVILLE, FL 32608 US

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: AC      ( ) Delete  
Name: MARRERO, Omayra L  
Address: 2490 SW 14TH DR., APT. 15  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: TRES      ( ) Delete  
Name: ROUTH, ROBERT H  
Address: 2735 SW 35TH PL.  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: SA      ( ) Delete  
Name: ZAMORA, IRVING J  
Address: 3800 SW 20TH AVE., APT. 612  
City-St-Zip: GAINESVILLE, FL 32607 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:

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 H. ROUTH

TRES

07/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date