

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009486

FILED
Apr 14, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROUTH, ROBERT H
3800 SW 20TH AVE
APT. 212
GAINESVILLE, FL 32607 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: ROBERT H. ROUTH

04/14/2009

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: TRES (X) Change () Addition
Name: ROUTH, ROBERT H
Address: 3800 SW 20TH AVE APT 212
City-St-Zip: GAINESVILLE, FL 32607 US

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date