


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90156 024 ****70.00

DOCUMENT # N05000010987

1. Entity Name
THE UNIVERSITY OF NORTH FLORIDA FINANCING CORPORATION



Principal Place of Business
 4567 ST. JOHNS BLUFF ROAD SOUTH,
 J.J. DANIEL HALL, SUITE 2800
 JACKSONVILLE, FL 32224

Mailing Address
 4567 ST. JOHNS BLUFF ROAD SOUTH,
 J.J. DANIEL HALL, SUITE 2800
 JACKSONVILLE, FL 32224

40094203



2. Principal Place of Business - No P.O. Box #
1 UNF Drive

3. Mailing Address
1 UNF Drive

Suite, Apt. #, etc.
JJ Daniel Hall, Suite 2800

Suite, Apt. #, etc.
JJ Daniel Hall, Suite 2800

04282008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
42-1683752

Applied For
 Not Applicable

Zip
32224

Country
US

Zip
32224

Country
US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUMAN, SHARI A
 4567 ST JOHNS BLUFF ROAD SOUTH
 JACKSONVILLE, FL 32224-2648

Name
Shuman, Shari A

Street Address (P.O. Box Number is Not Acceptable)
1 UNF Drive

City
Jacksonville **FL** Zip Code
32224

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 *Shari Shuman* 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SERKIN, HOWARD 225 WATERS STREET SUITE 1250 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Serkin, Howard 1 UNF Drive Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUMAN, SHARI A 4567 ST. JOHNS BLUFF ROAD, SOUTH JACKSONVILLE, FL 322242488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shuman, Shari A 1 UNF Drive Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELANEY, JOHN A 4567 STJOHNS BLUFF ROAD SOUTH JACKSONVILLE, FL 322242648 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delaney, John A 1 UNF Drive Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLEY, MAC 4567 ST. JOHNS BLUFF ROAD, SOUTH JACKSONVILLE, FL 322242488 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Holley, Mac 1 UNF Drive Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cox, Betsy 1 UNF Drive Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Twomey 1 UNF Drive Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Shari Shuman *Shari Shuman* 4/29/08 904-620-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

24373

ATTACHMENT 40094203
~~#~~ NO 5000010987

The University of North Florida Financing Corporation

2008 UNF FINANCING BOARD OF DIRECTORS

Wilfredo J. Gonzalez D
1 UNF Drive
Jacksonville, FL 32224