

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012861

FILED
May 01, 2006
Secretary of State

Entity Name: THE FRIENDS OF THE UWI DEVELOPMENT & ENDOWMENT FUND, INC.

Current Principal Place of Business:

405 TARRYTOWN RD
1213
WHITE PLAINS, NY 10607

New Principal Place of Business:

Current Mailing Address:

405 TARRYTOWN RD
1213
WHITE PLAINS, NY 10607

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HAMRICK, ALEX H
1000 LEGION PLACE
STE 1700
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

HAMRICK, ALEX H
1301 S. INTERNATIONAL PARKWAY
SUITE 2021
LAKE MARY, FL 32746 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: ALEX HAMRICK

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LALOR, DENNIS H
Address: 16 GIBALTAR CAMP WAY
City-St-Zip: MONA KINGSTON 7, XX

Title: D () Delete
Name: SHARPE, NICOLE W
Address: 16 GIBALTAR CAMP WAY
City-St-Zip: MONA KINGSTON 7, XX

Title: D () Delete
Name: KING, BETTY
Address: 870 49TH ST - APT 12B
City-St-Zip: NEW YORKGSTON 7, NY 10017

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 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: NICOLE SHARPE

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date