

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002808

FILED
Jan 18, 2009
Secretary of State

Entity Name: CLO ALUMNI FOUNDATION, INC.

Current Principal Place of Business:

4321 DEWEY DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

4321 DEWEY DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-4467221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET
SUITE 201
GAINESVILLE, FL 32606 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: D () Delete
Name: ASSINI, VINCENT
Address: 4321 DEWEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: JOHNSON, ROGER
Address: 930 TURNER MOUNTAIN ROAD
City-St-Zip: CHARLOTTESVILLE, VA 22903

Title: D () Delete
Name: RUFF, ERIC S
Address: 4010 NEWBERRY ROAD, SUITE G
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: SWANSON, JAMES R
Address: 147 BROOKSHIRE LANE
City-St-Zip: FRANKLIN, NC 28734

Title: D () Delete
Name: PEELE, ROBERT
Address: 1600 HONEYCOMB ROAD
City-St-Zip: GRANT, AL 35747

Title: D () Delete
Name: WALDRON, JOSEPH
Address: 611 N.W. 60TH ST., STE. A
City-St-Zip: GAINESVILLE, FL 32607

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:

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: VINCENT ASSINI

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date