


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90040 031 \*\*\*\*70.00

<b>DOCUMENT # N16276</b> 1. Entity Name <b>UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INCORPORATED</b>					
Principal Place of Business <b>223 GRINTER HALL GAINESVILLE, FL 32611-5500 US</b>			Mailing Address <b>PO BOX 115500 GAINESVILLE, FL 32611-5500</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182006    Chg-NP    CR2E037 (11/05)	
4. FEI Number <b>59-2729133</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PHILLIPS, WINFRED M DR. 223 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 32611-5500</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PHILLIPS, WINFRED M		NAME		
STREET ADDRESS	4140 N.W. 44TH AVE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32606		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, RICHARD		NAME	<i>Chock, Jimmy G.</i>	
STREET ADDRESS	1008 MCCARTY HALL P O BOX 110180		STREET ADDRESS	<i>6657 NW 81ST AVE</i>	
CITY - ST - ZIP	GAINESVILLE, FL 32611		CITY - ST - ZIP	<i>Gainesville, FL 32653</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACHEN, BERNARD J		NAME		
STREET ADDRESS	2151 W. UNIVERSITY AVENUE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32603		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, DOUGLAS J		NAME		
STREET ADDRESS	11404 SW 21ST LANE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32607		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLBURN, DAVID		NAME	<i>Fouke, Janie M.</i>	
STREET ADDRESS	3211 NW 18TH PLACE		STREET ADDRESS	<i>3604 NW 31ST ST</i>	
CITY - ST - ZIP	GAINESVILLE, FL 32605		CITY - ST - ZIP	<i>Gainesville, FL 32605</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POPPELL, EDWARD J		NAME		
STREET ADDRESS	6125 NW 58TH PLACE		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32653		CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>[Signature]</i> Secretary			1/19/2006    352-792-5221		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		