# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2009**
**Secretary of State**

DOCUMENT# N16276

**Entity Name:** UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

223 GRINTER HALL
GAINESVILLE, FL 326115500 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 115500
GAINESVILLE, FL 326115500

**New Mailing Address:**

**FEI Number: 59-2729133** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PHILLIPS, WINFRED M DR.
223 GRINTER HALL
GAINESVILLE, FL 326115500 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: | P | ( ) Delete |
| Name: | PHILLIPS, WINFRED M | |
| Address: | 4140 N.W. 44TH AVE | |
| City-St-Zip: | GAINESVILLE, FL 32606 | |
| Title: | D | ( ) Delete |
| Name: | CHECK, JIMMY G | |
| Address: | 6653 NW 81ST BLVD | |
| City-St-Zip: | GAINESVILLE, FL 32653 | |
| Title: | D | ( ) Delete |
| Name: | MACHEN, BERNARD J | |
| Address: | 2151 W. UNIVERSITY AVENU | |
| City-St-Zip: | GAINESVILLE, FL 32603 | |
| Title: | D | ( ) Delete |
| Name: | BARRETT, DOUGLAS J | |
| Address: | 11404 SW 21ST LANE | |
| City-St-Zip: | GAINESVILLE, FL 32607 | |
| Title: | D | ( ) Delete |
| Name: | FOUKE, JANIE M | |
| Address: | 3604 NW 31ST ST | |
| City-St-Zip: | GAINESVILLE, FL 32605 | |
| Title: | D | ( ) Delete |
| Name: | POPPELL, EDWARD J | |
| Address: | 6125 NW 58TH PLACE | |
| City-St-Zip: | GAINESVILLE, FL 32653 | |

**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: FRANK P. WARD S 02/10/2009

Electronic Signature of Signing Officer or Director — Date