

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16276

FILED
Jan 06, 2010
Secretary of State

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
Name: PHILLIPS, WINFRED M DR.
Address: 4140 N.W. 44TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: S
Name: WARD, FRANK P
Address: 2202 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: MACHEN, BERNARD J DR.
Address: 2151 W. UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: D
Name: GUZICK, DAVID S DR.
Address: 1852 NW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: GLOVER, JOSEPH M DR.
Address: 6002 SW 99TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: ARRINGTON, LARRY R DR
Address: 3928 SW 92ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: FRANK P WARD

SECR

01/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date