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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90163 012 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34895**

1. Corporation Name

**AMERICAN ASSOCIATION OF UNIVERSITY PROFESSORS, I  
NC.**

Principal Place of Business

1311 ALHAMBRA CIR  
CORAL GABLES FL 33134  
US

Mailing Address

1311 ALHAMBRA CIR  
CORAL GABLES FL 33134  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/25/1989

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

59-2795102

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

24. 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUMPHRIES, DR JOAN R.  
1311 ALHAMBRA CIR  
CORAL GABLES FL 33134**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **HUMPHRIES, JOAN DR**  
STREET ADDRESS **1311 ALHAMBRA CIR**  
CITY-ST-ZIP **CORAL GABLES FL**

1.1 TITLE **SV** ☐ Change ☒ Addition  
1.2 NAME **Pollock, Peggy Ann**  
1.3 STREET ADDRESS **1311 Alhambra Circle**  
1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **MD** ☒ DELETE  
NAME **HAYNES, RANDY**  
STREET ADDRESS **11380 NW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE  
NAME **WRIGHT, SHIRLEY JEAN**  
STREET ADDRESS **11380 NW 27TH AVE**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joan R. Humphries*  
2/7/99

305 4438433

Date

Daytime Phone #

CR2E037 (11/98)