

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N34895**



1. Entity Name

**AMERICAN ASSOCIATION OF UNIVERSITY  
PROFESSORS, INC.**

04-14-2004 90239 001 \*\*\*\*61.25

04-14-2004 90239 002 \*\*\*\*\*8.75

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

3. Mailing Address



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2795102**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUMPHRIES, JOAN DR	
STREET ADDRESS	1311 ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	POLLOCK, PEGGY ANN	
STREET ADDRESS	1311 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, SHIRLEY JEAN	
STREET ADDRESS	11380 NW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

**SIGNATURE:**

*Dr Joan R. Humphries*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/9/04*  
Date

Daytime Phone #

*305 4438433*  
Daytime Phone #