

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:17

DOCUMENT # N37488 (6)

1. Corporation Name

UNIVERSITY OF CENTRAL FLORIDA RETIREMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% DEPT OF PERSONNEL SERVICES
UNIVERSITY OF CENTRAL FLORIDA
ORLANDO FL 32816

% DEPT OF PERSONNEL SERVICES
UNIVERSITY OF CENTRAL FLORIDA
ORLANDO FL 32816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1990

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2975471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMEZ, JOSEPH
1058 PEBBLE BEACH CIR. EAST
WINTER SPRINGS FL 32708

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GOMEZ, JOSEPH
1058 PEBBLE BEACH CIR. EAST
WINTER SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHADGETT, JOHN
7550 LODGE POLE TRAIL
WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KENNEDY, MILDRED
175 NORTHMOOR ROAD
CASSELBERRY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, DOROTHY
798 COUNTRY LANE
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLIS, LESLIE
250 NOTTOWAY TRAIL
MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPDC
MCLAIN, NANNETTE
689 BRECHIN DR
WINTER PARK FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

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

VPDC ☒ Change ☐ Addition

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

SAME PERSON - NEW TITLE ☒ Change ☐ Addition

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

WM. DAN CHAPMAN ☒ Change ☐ Addition

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

1303 DRUID ROAD ☒ Change ☐ Addition

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

MAITLAND, FL. 32751 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/95

Date

(407) 366-1968

Anytime 11:00 a.m.