

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last Report 03/22/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	O. William Brown
82	Street Address (P.O. Box Number is Not Acceptable)	7679 BROKEN ARROW TRAIL
83		
84	City	WINTER PARK FL
85	Zip Code	32792

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 *O. William Brown*

Feb. 19, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	TD	☐ DELETE
NAME	GOMEZ, JOSEPH	
STREET ADDRESS	1058 PEBBLE BEACH CIR. EAST	
CITY - ST - ZIP	WINTER SPRINGS FL	
TITLE	VPDC	☐ DELETE
NAME	SHADGETT, JOHN	
STREET ADDRESS	7550 LODGE POLE TRAIL	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	D	☐ DELETE
NAME	CHAPMAN, WILLIAM D.	
STREET ADDRESS	1303 DRUID ROAD	
CITY - ST - ZIP	MAITLAND FL	
TITLE	SD	☐ DELETE
NAME	LEWIS, DOROTHY	
STREET ADDRESS	796 COUNTRY LANE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	ELLIS, LESLIE	
STREET ADDRESS	250 NOTTOWAY TRAIL	
CITY - ST - ZIP	MAITLAND FL	
TITLE	PD	☐ DELETE
NAME	MCLAIN, NANNETTE	
STREET ADDRESS	689 BRECHIN DR	
CITY - ST - ZIP	WINTER PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TO	☒ Change ☐ Addition
1.2 NAME	O. WILLIAM BROWN	
1.3 STREET ADDRESS	7679 BROKEN ARROW TRAIL	
1.4 CITY - ST - ZIP	WINTER PARK, FLA. 32792	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	SAME PERSON SAME TITLE	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	SAME PERSON SAME TITLE	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	SAME PERSON - SAME TITLE	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	PRINCE, BEATRICE	
5.3 STREET ADDRESS	1719 BONNEVILLE	
5.4 CITY - ST - ZIP	ORLANDO, FLA. 32826	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	SAME PERSON - SAME TITLE	
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 119.07(3)(k), 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: *O. William Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 19, 1996 (407) 671-0149

Date

Daytime Phone #

CR2E037 (12/95)