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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

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

DOCUMENT # **N37488**

1. Corporation Name
**UNIVERSITY OF CENTRAL FLORIDA RETIREMENT ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % DEPT OF PERSONNEL SERVICES<br>UNIVERSITY OF CENTRAL FLORIDA<br>ORLANDO FL 32816 | % DEPT OF PERSONNEL SERVICES<br>UNIVERSITY OF CENTRAL FLORIDA<br>ORLANDO FL 32816 |

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 04/02/1990

4. FEI Number: 59-2975471 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JENKINS, DAVID R
327 FITZHUGH ROD
WINTER PARK FL 32793

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BROWN, C. WILLIAM<br>7679 BROKEN ARROW TRAIL<br>WINTER PARK FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SD<br>CIROCCO, SONIA M.<br>~~2150 S TANNER RD~~ 2104 PEBBLE BEACH BLVD<br>ORLANDO, FL 32826 ~~32820~~ | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>POPE, BARBARA W<br>2150 S TANNER ROAD<br>ORLANDO FL 32820-1033 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>POPE, BARBARA W.<br>2150 S. TANNER ROAD<br>ORLANDO, FL 32820-1033 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>JENKINS, DAVID<br>P.O. BOX 4065<br>WINTER PARK FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>METCALF, SHIRLEY<br>8245 LOST LAKE DR<br>ORLANDO FL | ☑ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>MATTSON, GUY C<br>2608 SAGINAW TRAIL<br>MAITLAND, FL 32751 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLICK, ROBERT<br>1028 GOLFSIDE DRIVE<br>WINTER PARK FL 32792 | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | VPD<br>FLICK, ROBERT<br>1028 GOLFSIDE DRIVE<br>WINTER PARK, FL 32792 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GOREE, JOHN P.<br>P.O. BOX 620146<br>OVIEDO FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | PD<br>GOREE, JOHN P.<br>~~P.O. BOX 620146~~ 910 GLEN ABBEY CT.<br>~~OVIEDO, FL~~ WINTER SPRINGS, FL 32708 | ☑ Change ☐ Addition |

CR2E037 (11/98)

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:** _____ **REQUIRED** 4/28/99 (407)671-2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #