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

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90017 011 ****61.25

DOCUMENT # N37488

1. Entity Name

UNIVERSITY OF CENTRAL FLORIDA RETIREMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O HUMAN RESOURCES BENEFITS SECTION 12565 RESEARCH PARKWAY, STE. 360 ORLANDO FL 32816	C/O HUMAN RESOURCES BENEFITS SECTION 12565 RESEARCH PARKWAY, STE. 360 ORLANDO FL 32816

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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
GOMEZ, JOSEPH 1058 E. PEBBLE BEACH CIR. WINTER SPRINGS FL 32708	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ENGLEY, LOIS 4466 DRAYTON LANE OVIEDO FL 32765	☑ Delete	D GERBER, HOMER PO BOX 1214 OVIEDO, FL. 32762	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOSTON, RALPH 3309 FISHERMANS COVE WINTER PARK FL 32792	☐ Delete	D Baab, Elizabeth 438 N. Lake Ave Apopka, FL. 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOMEZ, JOSEPH 1058 E. PEBBLE BEACH CIR. WINTER SPRINGS FL 32708	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, MARGARET 10993 PIPING ROCK CIR. ORLANDO FL 32817	☑ Delete	SD Jeanne Rutenkroger 2151 Rouse Lake Rd. Orlando, FL. 32817	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUTTON, ARTHUR 9953 LAKE GEORGIA DR. ORLANDO FL 32817	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KILRIDE, WADE 402 SEYMOURE CT. OVIEDO FL 32817	☐ Delete	VD Kilride, Wade 402 Seymoure Ct. Oviedo, FL. 32817	☑ Change ☐ Addition

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: Joseph Gomez JGomez 2-2-04 (407) 366-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #