# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**
04-11-2005 90155 033 ****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<br>12565 RESEARCH PARKWAY, STE. 360<br>ORLANDO, FL 32816 | C/O HUMAN RESOURCES BENEFITS SECTION<br>12565 RESEARCH PARKWAY, STE. 360<br>ORLANDO, FL 32816 |

04062005 Chg-NP CR2E037 (10/03)

| 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<br>1058 E. PEBBLE BEACH CIR.<br>WINTER SPRINGS, FL 32708 | Name: Marilyn P. Salter<br>Street Address (P.O. Box Number is Not Acceptable): 1954 Westbourne Dr<br>City: Oviedo FL Zip Code: 32765 |

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: Marilyn P Salter 4/6/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

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 | D<br>GERBER, HOMER<br>PO BOX 1214<br>OVIEDO, FL 32762 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Nelson, Tommie L.<br>207 Dalton Dr<br>Oviedo FL 32765 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BOSTON, RALPH<br>3309 FISHERMANS COVE<br>WINTER PARK, FL 32792 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>Boston, Ralph<br>1401 Hyde Park<br>Winter Park, FL 32792 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GOMEZ, JOSEPH<br>1058 E. PEBBLE BEACH CIR.<br>WINTER SPRINGS, FL 32708 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Marilyn P Salter<br>1954 Westbourne Dr<br>Oviedo FL 32765 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BAAB, ELIZABETH<br>438 N. LAKE AVE.<br>APOPKA, FL 32712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Jeanne Rotenkroger<br>2151 Rouse Lake Rd<br>Orlando FL 32817 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUTTON, ARTHUR<br>9953 LAKE GEORGIA DR.<br>ORLANDO, FL 32817 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lehmann, Carrie<br>3722 Parway Rd<br>Zellwood FL 32798 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KILRIDE, WADE<br>402 SEYMOURE CT.<br>OVIEDO, FL 32817 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ 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:** Marilyn P Salter Marilyn P Salter 4/6/05 (407)365-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #