2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N37488

Entity Name: UNIVERSITY OF CENTRAL FLORIDA RETIREMENT ASSOCIATION, INC.

Current Principal Place of Business:

C/O HUMAN RESOURCES BENEFITS SECTION
12565 RESEARCH PARKWAY, STE. 360
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

C/O HUMAN RESOURCES BENEFITS SECTION
12565 RESEARCH PARKWAY, STE. 360
ORLANDO, FL 32816

New Mailing Address:

FEI Number: 59-2975471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALTER, MARILYN P
1954 WESTBOURNE DR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NELSON, TOMMIE L
Address: 207 DALTON DR
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete
Name: BOSTON, RALPH
Address: 1401 HYDE PARK
City-St-Zip: WINTER PARK, FL 32792

Title: TD ( ) Delete
Name: SALTER, MARILYN P
Address: 1954 WESTBOURNE DR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: BOWERS, MAXINE
Address: 724 ELLENDALE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: SD ( ) Delete
Name: RUTENKROGER, JEANNE
Address: 2151 ROUSE LAKE RD
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete
Name: LEHMANN, CARRIE
Address: 3722 PARWAY RD
City-St-Zip: ZELLWOOD, FL 32798

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NELSON, TOMMIE L
Address: 207 DALTON DR
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: BOSTON, RALPH
Address: 1401 HYDE PARK
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BOWERS, MAXINE
Address: 724 ELLENDALE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN P. SALTER TD 04/09/2007

Electronic Signature of Signing Officer or Director — Date