

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37488

FILED
Mar 02, 2011
Secretary of State

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, JOHN H
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: D
Name: KYSILKA, MARCELLA L
Address: 4240 YORKETOWNE RD
City-St-Zip: ORLANDO, FL 32812 US

Title: D
Name: WUNDER, PEGGY
Address: 733 MIMOSA COURT
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: TD
Name: SALTER, JOHN H
Address: 1954 WESTBOURNE DR
City-St-Zip: OVIEDO, FL 32765 US

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

Title: PD
Name: BRANCH, WILLIAM
Address: 2907 SUMMERFIELD DR.
City-St-Zip: WINTER PARK, FL 32792 US

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN H. SALTER

TD

03/02/2011

Electronic Signature of Signing Officer or Director

Date