2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N42854

1. Entity Name
UNIVERSITY WOMEN'S CLUB EDUCATIONAL
ASSOCIATION, INC.



FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90277 005 ****61.25

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Principal Place UNIVERSITY V UNIVERSITY (GAINESVILLE,	NOMEN'S CLUB De florida	P.O. E	Mailing Address P.O. BOX 140116 GAINESVILLE, FL 32614-0116 US				14U10696					
2. Principal Place of Business		3. Maili	3. Mailing Address									
Suite, Apt. #, etc.		Stri	Suite, Apt. #, etc.				04272005	Chg-NP		CR2E0	37 (10/03)	
City & State		City	City & State				4. FEI Number 59-3062					pplied For lot Applicable
Zip Country		Zip	Zip (ountry 5.		5. Certificate	of Status De	sired		\$8.75 Ac	iditional
	6. Name and Address of Curr	ent Registers	Registered Agent			7. Name and Address of New Registered Agent						
	C Italia III Addition of Con-	one regulation			Name					3	· · · · · · · · · · · · · · · · · · ·	
VAN RINSVELT, JOAN 9417 SW 53RD LANE			· · ·			ress (P.O. Box Number is Not Acceptable)						
GAINESVILLE, FL 32608												
					City		· · · · · · · · · · · · · · · · · · ·			FI	Zip Co	de
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												
<u>-</u>	agence, special productive a regulation		(10.0									
1	Filing Fee Is \$61.25		9. Election Carr				\$5.00 May B				k peyable	
• 7 •	Due by May 1, 2005		Trust Fund C	ontributio	₩1. LJ	,	Added to Fees		Florid	de Depa	rtment of	State
10.	OFFICERS AND	DIRECTORS	Trust Fund C	ontributio	rn. U		Added to Fees DDITIONS/CH			<u> </u>		
·		DIRECTORS	Prust Fund C		e	AI	DDITIONS/CH	ANGES TO C	OFFICER	IS AND D		N 10
10.	OFFICERS AND	DIRECTORS		11.	e	AI	DDITIONS/CH	ANGES TO C	OFFICER	IS AND D	IRECTORS I	N 10
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10. TITLE NAME	OFFICERS AND PD HOFFMAN, MARCEITA	DIRECTORS		11. TITLE NAME	TADDRESS F	PD ROB	ELL SU	ANGES TO C	OFFICER O É B R	ACE	RECTORS I	N 10
10. TITLE NAME STREET ADDRESS	OFFICERS AND PD HOFFMAN, MARCEITA 10802 NW 18TH COURT	DIRECTORS		11. TITLE NAME STREET	T ADDRESS ST-ZIP	PD ROB 5/3 A	ELL SU ENU S NESVIL	ANGESTOC 15AN S 184 S	OFFICER O É B R I	ACE	RECTORS I	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD HOFFMAN, MARCEITA 10802 NW 18TH COURT GAINESVILLE, FL 32606	DIRECTORS	₽S Oelete	11. TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	PD ROB 5/3 A	ELL SU ENU S NESVIL	ANGESTOC 15AN S 184 S	OFFICER O É B R I	ACE	RECTORS I	N 10 Addition
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I hereby cerbly that the information supplied with this fiting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or supplied with this fitting does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this 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.

GNATURE:

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SIGNATURE: .