

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N42854

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



Principal Place of Business
**UNIVERSITY WOMEN'S CLUB
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32610 US**

Mailing Address
**P.O. BOX 140116
GAINESVILLE, FL 32614-0116 US**



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3062673

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VAN RINSVELT, JOAN
9417 SW 53RD LANE
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000381732
01/11/06-80070-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBELL, SUSAN P
STREET ADDRESS	5130 NW 48TH TERR
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	RSD
NAME	MARTSOLF, MARY
STREET ADDRESS	3541 NW 29TH PL
CITY-ST-ZIP	GAINESVILLE, FL 326052604
TITLE	TD
NAME	BARTLETT, BEVERLY
STREET ADDRESS	1421 NW 47TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Beverly Bartlett* **BEVERLY BARTLETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06
Date

352-377-8257
Daytime Phone #