


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 A
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
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBELL, SUSAN P 5130 NW 48TH TERR GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MARTSOLF, MARY 3541 NW 29TH PL GAINESVILLE, FL 326052604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTLETT, BEVERLY 1421 NW 47TH TERRACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Beverly F. Bartlett</u> <u>11/17/07</u> <u>352-777-8757</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-3062673** Applied For
Not Applicable

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

U00000593132
01/22/07-80018-010 61.25

**DO NOT WRITE
IN THIS SPACE**