
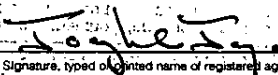
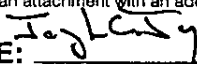


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90027 043 \*\*\*\*61.25

DOCUMENT # N47055					
1. Entity Name UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION FOUNDATION, INC.					
Principal Place of Business 1008 MCCARTY HALL UF GAINESVILLE, FL 32611-0180 US			Mailing Address PO BOX 110180 GAINESVILLE, FL 32611-0180 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOYCE, DR JOSEPH C 1008 MCCARTY HALL UF GAINESVILLE, FL 32611			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		Joseph C Joyce, Executive Director		01/15/04	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D BUTLER, SCOTTIE J <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, SCOTTIE J	NAME	See Attached additions		
STREET ADDRESS	5700 SW 34TH ST	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32608	CITY-ST-ZIP			
TITLE	PD BROWN, REGINALD L <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, REGINALD L	NAME			
STREET ADDRESS	4401 E COLONIAL BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP			
TITLE	STD SMALLWOOD, CLAY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMALLWOOD, CLAY	NAME			
STREET ADDRESS	P.O. BOX 908	STREET ADDRESS			
CITY-ST-ZIP	PT. ST. JOE, FL 32457	CITY-ST-ZIP			
TITLE	D BATSON, GENE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATSON, GENE	NAME			
STREET ADDRESS	P.O. BOX 1410	STREET ADDRESS			
CITY-ST-ZIP	MT DORA, FL 32756	CITY-ST-ZIP			
TITLE	D STUART, MICHAEL J. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUART, MICHAEL J.	NAME			
STREET ADDRESS	4401 E COLONIAL DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32814	CITY-ST-ZIP			
TITLE	VD WEDGWORTH, DENNIS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEDGWORTH, DENNIS	NAME			
STREET ADDRESS	PO BOX 2076	STREET ADDRESS			
CITY-ST-ZIP	BELLE GLADE, FL 33430	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Joseph C Joyce, Executive Director		01/15/04 352-392-1971	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Attachment

54000308

UNIVERSITY OF FLORIDA  
LEADERSHIP AND EDUCATION FOUNDATION, INC.  
BOARD OF DIRECTORS (continued)

Document #N47055

VD

Ben Bolusky  
1533 Park Center Drive  
Orlando, FL 32835

SD

Mr. Mike Branch  
P O Box 457  
Fernandina Beach, FL 32035

D

Jimmy Cheek  
P O Box 110270  
Gainesville, FL 32611-0270

D

Nancy McDonald Inc.  
7242 Lake Ola Drive  
Mount Dora, FL 32757

D

Dr. Ramesh Reddy  
P O Box 110510  
Gainesville, FL 32611-0510

D

Howard Rutherford  
800 2<sup>nd</sup> Avenue NE  
St. Petersburg, FL 33701

D

Larry R. Arrington  
P O Box 110210  
Gainesville, FL 32611-0210

D

Ashley Wood  
P O Box 110810  
Gainesville, FL 32611-0810