


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

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90054 003 \*\*\*\*70.00

**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

40002698



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 NOT APPLICABLE

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

6. Name and Address of Current Registered Agent  
 JOYCE, DR JOSEPH C  
 1008 MCCARTY HALL  
 UF  
 GAINESVILLE, FL 32611

7. Name and Address of New Registered Agent  
 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* Joseph C Joyce, Executive Director 01/10/05  
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, 2005

9. Election Campaign Financing Trust Fund Contribution.  \$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 NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, SCOTTIE J 5700 SW 34TH ST GAINESVILLE, FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached additions and deletions <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, REGINALD L 4401 E COLONIAL BLVD ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANCH, MIKE -DR. PO BOX 457 PT. ST. JOE, FL 32457 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, RAMESH DR. PO BOX 110510 GAINESVILLE, FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEEK, JIMMY PO BOX 110270 FERNANDINA BEACH, FL 32035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLUSKY, BEN 1533 PARK CENTER DR. ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Joseph C Joyce, Executive Director 01/10/05 352-392-1971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

✓ #5742  
 1-11-05

# ATTACHMENT

4000 2-6 98

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

Document #N47055

## Additions

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

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

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

D  
Mr. Bill Messina  
P O Box 110240  
Gainesville, FL 32611-0240

## Deletion

D  
Ashley Wood  
PO Box 110810  
Gainesville, FL 32611-0810