

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47055

FILED
Jan 14, 2009
Secretary of State

Entity Name: UNIVERSITY OF FLORIDA LEADERSHIP AND EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1008 MCCARTY HALL
UF
GAINESVILLE, FL 326110180 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110180
GAINESVILLE, FL 326110180 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOYCE, DR JOSEPH C
1008 MCCARTY HALL
UF
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTLER, SCOTTIE J
Address: P.O. BOX 147030
City-St-Zip: GAINESVILLE, FL 326147030

Title: VP () Delete
Name: BRANCH, MIKE
Address: POB 457
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: SD () Delete
Name: BRANCH, MIKE DR.
Address: PO BOX 457
City-St-Zip: PT. ST. JOE, FL 32457

Title: ED () Delete
Name: JOYCE, JOSEPH C DR
Address: P.O. BOX 110180
City-St-Zip: GAINESVILLE, FL 326110180

Title: SD () Delete
Name: MCDONALD, NANCY
Address: 2649 BRITT RD
City-St-Zip: MOUNT DORA, FL 32757

Title: PD () Delete
Name: WEDGWORTH, DENNIS
Address: 13643 STAIMFORD DR
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CATO, JIM DR
Address: PO BOX 110240
City-St-Zip: GAINESVILLE, FL 32611

Title: D (X) Change () Addition
Name: ARRINGTON, LARRY DR.
Address: PO BOX 110210
City-St-Zip: GAINESVILLE, FL 32611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BRANCH, MIKE
Address: PO BOX 457
City-St-Zip: FERNANDINA BEACH, FL 32035

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH C JOYCE

DR

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date