

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47055

FILED  
Jan 21, 2010  
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:** 59-3104978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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  
Name: BUTLER, SCOTTIE J  
Address: P.O. BOX 147030  
City-St-Zip: GAINESVILLE, FL 326147030

Title: PD  
Name: CATO, JIM DR  
Address: PO BOX 110240  
City-St-Zip: GAINESVILLE, FL 32611

Title: D  
Name: BARRICK, R KIRBY DR.  
Address: PO BOX 110270  
City-St-Zip: GAINESVILLE, FL 32611

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

Title: VP  
Name: MCDONALD, NANCY  
Address: 2649 BRITT RD  
City-St-Zip: MOUNT DORA, FL 32757

Title: SD  
Name: WHEELER, I WESTON  
Address: PO BOX 1396  
City-St-Zip: WINTER HAVEN, FL 33882

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH C JOYCE

DR

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date