

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47055

FILED
Jan 09, 2012
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 ()**

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: BALSER, TERESA DR
Address: P.O. BOX 110270
City-St-Zip: GAINESVILLE, FL 32611

Title: D
Name: ENGLISH, KATHERNE
Address: 1833 HENDRY ST
City-St-Zip: FORT MYERS, FL 33902

Title: SD
Name: BRUCE, DELANEY MR.
Address: PO BOX 110230
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: PD
Name: MCDONALD, NANCY
Address: 2649 BRITT RD
City-St-Zip: MOUNT DORA, FL 32757

Title: VD
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

01/09/2012

Electronic Signature of Signing Officer or Director

_____ Date