

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED
AND
FILED

pg. 1 of 2

96 JUL 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005810 (5)

1. Corporation Name

RESEARCH FOUNDATION OF THE UNIVERSITY OF WEST FLORIDA, INCORPORATED

Principal Place of Business THE UNIVERSITY OF WEST FLORIDA
11000 UNIV. PKWY., BLDG. 77, RM. 131
PENSACOLA FL 32514

Mailing Address THE UNIVERSITY OF WEST FLORIDA
11000 UNIV. PKWY., BLDG. 77, RM. 131
PENSACOLA FL 32514

3. Date Incorporated or Qualified 12/07/1995

3a. Date of Last Report NA

4. FEI Number 59-3367392

Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

MENGE, M J
SHELL, FLEMING, DAVIS & MENGE, P.A.
SEVILLE TWR.- 7TH FL., 226 PALAFOX PLACE
PENSACOLA FL 32598-1831

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRIEDRICH, DOUGLAS D	
STREET ADDRESS	1308 CREEK BRIDGE ROAD	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STOPP, G. HARRY JR.	
STREET ADDRESS	4212 BRIGHTON DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32504	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTIN, JOHN G	
STREET ADDRESS	3573 LAGUNA COURT	
CITY - ST - ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARX, MORRIS L	
STREET ADDRESS	2620 DUNSINANE ROAD	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	USRY, MILTON F	
STREET ADDRESS	8804 MEADOWBROOK DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEZDEK, JAMES C	
STREET ADDRESS	3783 MACKEY COVE DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32514	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

pd. by J.T. from Univ. of W.F.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017396

CR2E037 (3/96)