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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N95000005 810*

1. Corporation Name
Research Foundation of The University of West Florida, Inc.

Principal Place of Business
 11000 University Parkway
 Building 77, Room 131
 Pensacola, FL 32514

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/7/95	3a. Date of Last Report First
4. FEI Number 59-3367392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Mr. M. J. Menge of
 Shell, Fleming, Davis, & Menge, P.A.
 Attorney's at Law
 Seville Tower, 7th Floor
 226 Palafox Place -Pensacola, FL 32502

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *M. J. Menge* **M. J. Menge, University of West Florida Attorney** **4/3/97**
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	President <input type="checkbox"/> DELETE
NAME	Dr. Douglas F. Friedrich
STREET ADDRESS	1308 Creek Bridge Road
CITY-ST-ZIP	Pensacola, FL 32514
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Mr. John G. Martin
STREET ADDRESS	3573 Laguna Court
CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Dr. G. Harry Stopp, Jr.
STREET ADDRESS	4212 Brighton Drive
CITY-ST-ZIP	Pensacola, FL 32504
TITLE	Director <input type="checkbox"/> DELETE
NAME	Dr. Morris L. Marx
STREET ADDRESS	2620 Dunsinane Road
CITY-ST-ZIP	Pensacola, FL 32503
TITLE	Director <input type="checkbox"/> DELETE
NAME	Dr. Milton F. Usry
STREET ADDRESS	8804 Meadowbrook Drive
CITY-ST-ZIP	Pensacola, FL 32514
TITLE	Director <input type="checkbox"/> DELETE
NAME	Dr. James C. Bezdek
STREET ADDRESS	3783 Mackey Cove Drive
CITY-ST-ZIP	Pensacola, FL 32514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mr. Charles Atwell
1.3 STREET ADDRESS	2741 Banquos Trail
1.4 CITY-ST-ZIP	Pensacola, FL 32503
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mr. Julian Bennett, Jr.
2.3 STREET ADDRESS	112 East Third Ct.
2.4 CITY-ST-ZIP	Panama City, FL 32402
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	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John G. Martin* **John G. Martin, Treasurer** **2/24/97** **(904) 474-2210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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4/11/97

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