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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005810

1. Corporation Name

RESEARCH FOUNDATION OF THE UNIVERSITY OF WEST FLORIDA, INCORPORATED

Principal Place of Business

11000 UNIVERSITY PKWY
BLDG 10 ROOM 118
PENSACOLA FL 32514
US

Mailing Address

11000 UNIVERSITY PKWY
BLDG #10 ROOM #118
PENSACOLA FL 32514
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/07/1995

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

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 Julie L. Sheppard, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
11,000 University Parkway
83 Bldg. 10, Room 122
84 City Pensacola FL 85 Zip Code 32514

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)

4/26/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDRICH, DOUGLAS D	
STREET ADDRESS	1308 CREEK BRIDGE ROAD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STOPP, G. HARRY JR.	
STREET ADDRESS	4212 BRIGHTON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<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 checked="" type="checkbox"/> DELETE
NAME	USRY, MILTON F	
STREET ADDRESS	8804 MEADOWBROOK DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input checked="" 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	President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Parks Dinsdale	
1.3 STREET ADDRESS	3441 Wesleyan Ct.	
1.4 CITY-ST-ZIP	Pace, FL 32571	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Andrasik	
2.3 STREET ADDRESS	2948 Coral Strip Parkway	
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
3.1 TITLE	Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Huth	
3.3 STREET ADDRESS	728 Mound Circle	
3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ronnie Armstrong	
4.3 STREET ADDRESS	11103 Little Creek Lane	
4.4 CITY-ST-ZIP	Pensacola, FL 32506	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles Atwell	
5.3 STREET ADDRESS	2741 Banquos Trail	
5.4 CITY-ST-ZIP	Pensacola, FL 32503	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathy DeMaria	
6.3 STREET ADDRESS	510 E. Zaragoza Street	
6.4 CITY-ST-ZIP	Pensacola, FL 32501	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Parks B. Dinsdale, Pres Sec. 4/24/99

Date

Daytime Phone #

850 474 2203

CR2E037 (1/98)