

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90224 001 ****61.25

DOCUMENT # N95000005810					
1. Entity 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 11000 UNIVERISTY PKWY Suite, Apt. #, etc. BLDG 53, ROOM 210 City & State PENSACOLA, FL Zip 32514		3. Mailing Address 11000 UNIVERSITY PKWY Suite, Apt. #, etc. BLDG 53, ROOM 210 City & State PENSACOLA, FL Zip 32514		04182006 Chg-NP CR2E037 (11/05)	
Country USA		Country USA		4. FEI Number 59-3367392	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEIULIO, REGINA 11000 UNIVERSITY PKWY BLDG 10, RM 122 PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name Podemski, Richard S. Street Address (P.O. Box Number is Not Acceptable) 11000 University Pkwy, Bldg 53, Rm 210 City PENSACOLA FL Zip Code 32514		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="text-align: center;"> SIGNATURE <u>Richard S. Podemski, Executive Director</u> April 19, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAKE, SANDRA 11000 UNIVERSITY PKWY, BLDG 10 RM 213 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Podemski, Richard S. 11000 University Pkwy, Bldg 53, Rm 210 Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, JOHN 11000 UNIVERSITY PKWY, BLDG 10 RM 232 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harper, Richard 11000 University Pkwy, Bldg 53, Rm 138 Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOTEN, CORNELIUS 11000 UNIVERSITY PKWY, BLDG 10 RM 238 PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Inadvertently left off prior year's report) White, Hal, Jr. 11000 University Pkwy, Bldg 10, Rm 122 Pensacola, FL 3214	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Correction
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERHEYDEN, SANDRA 11000 UNIVERSITY PKWY, BLDG 11 RM 101 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VanderHeyden, Sandra 11000 University Pkwy, Bldg 11, Rm 101 Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENSE, JUDY 11000 UNIVERSITY PKWY, BLDG 89 RM 8 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harley, Bert 11000 University Pkwy, Bldg 10, Rm 138 Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAO, RANGA 11000 UNIVERSITY PKWY, BLDG 58 RM 70 PENSACOLA, FL 32514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rao, Ranga 11000 University Pkwy, Bldg 58, Rm 70 Pensacola, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sandra Vanderheyden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 18, 2006 (850) 474-2828 <small>Date Daytime Phone #</small>		

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