

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90212 003 \*\*\*\*61.25

**DOCUMENT # N95000005810**

1. Entity Name  
**RESEARCH FOUNDATION OF THE UNIVERSITY OF  
WEST FLORIDA, INCORPORATED**



Principal Place of Business  
**11000 UNIVERSITY PKWY  
BLDG 53 ROOM 210  
PENSACOLA, FL 32514 US**

Mailing Address  
**11000 UNIVERSITY PKWY  
BLDG 53 ROOM 210  
PENSACOLA, FL 32514 US**

**60001324**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-3367392**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PODEMSKI, RICHARD S  
11000 UNIVERSITY PKWY  
BLDG 53, RM 210  
PENSACOLA, FL 32514**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FLAKE, SANDRA  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 10 RM 213  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Delete  
NAME CAVANAUGH, JOHN  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 10 RM 232  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Delete  
NAME WHITE, HAL JR  
STREET ADDRESS 11000 UNIVERSITY PKWY BLDG 10 RM 122  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE TD ☒ Delete  
NAME VANDERHEYDEN, SANDRA  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 11 RM 101  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Delete  
NAME BENSE, JUDY  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 89 RM 8  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE SD ☐ Delete  
NAME RAO, RANGA  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 58 RM 70  
CITY-ST-ZIP PENSACOLA, FL 32514

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME HARTLEY, BERT  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 10 RM 236  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE D ☐ Change ☒ Addition  
NAME CAVANAUGH, CHRISTINE  
STREET ADDRESS 11000 UNIVERSITY PKWY, BLDG 11 RM 101  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Richard S. Podemski*

**DR. RICHARD S. PODEMSKI**

**01/08/2007**

**850-473-7713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #