

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002710

FILED  
Apr 15, 2010  
Secretary of State

**Entity Name:** UNIVERSITY OF FLORIDA COLLEGE OF NURSING FACULTY PRACTICE ASSOCIATION, INC.

**Current Principal Place of Business:**

101 S. NEWELL DRIVE  
ROOM 4234, HPNP BUILDING  
GAINESVILLE, FL 32610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100197  
GAINESVILLE, FL 32610

**New Mailing Address:**

**FEI Number:** 59-3513811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, MYRA D  
101 S. NEWELL DRIVE  
ROOM 4234  
GAINESVILLE, FL 32610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: LONG, KATHLEEN A  
Address: 101 S. NEWELL DRIVE, ROOM 4230  
City-St-Zip: GAINESVILLE, FL 32610

Title: D  
Name: SCHENTRUP, DENISE  
Address: 101 S. NEWELL DRIVE, ROOM 2234  
City-St-Zip: GAINESVILLE, FL 32610

Title: ST  
Name: WILLIAMS, MYRA D  
Address: 101 S. NEWELL DRIVE, ROOM 4234  
City-St-Zip: GAINESVILLE, FL 32610

Title: D  
Name: GUZICK, DAVID S  
Address: 1600 SW ARCHER RD, ROOM H-100  
City-St-Zip: GAINESVILLE, FL 32610

Title: D  
Name: CURTIS, SHERYL  
Address: 101 S. NEWELL DRIVE, ROOM 2219  
City-St-Zip: GAINESVILLE, FL 32610

Title: D  
Name: POPPELL, ED  
Address: 202 TIGERT HALL  
City-St-Zip: GAINESVILLE, FL 32611

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. DEE WILLIAMS

ST

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date