

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002710

FILED
Jan 12, 2012
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:

101 S. NEWELL DRIVE
ROOM 4234, HPNP BUILDING
GAINESVILLE, FL 32611

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:

WILLIAMS, MYRA D
101 S. NEWELL DRIVE
ROOM 4234
GAINESVILLE, FL 32611 US

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: _____

01/12/2012

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 32611

Title: D
Name: NEALIS, ROSE
Address: 101 S. NEWELL DRIVE, ROOM 2220
City-St-Zip: GAINESVILLE, FL 32611

Title: ST
Name: WILLIAMS, MYRA D
Address: 101 S. NEWELL DRIVE, ROOM 4234
City-St-Zip: GAINESVILLE, FL 32611

Title: D
Name: GUZICK, DAVID S
Address: 1600 SW ARCHER RD, ROOM H-100
City-St-Zip: GAINESVILLE, FL 32611

Title: D
Name: CURTIS, SHERYL
Address: 101 S. NEWELL DRIVE, ROOM 2219
City-St-Zip: GAINESVILLE, FL 32611

Title: D
Name: REYNOLDS, CURTIS
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: MYRA D. WILLIAMS

ST

01/12/2012

Electronic Signature of Signing Officer or Director

Date