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Mar 03 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 701392 (3)
 1. Corporation Name
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.



Principal Place of Business Mailing Address
4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620
4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620-9900

3. Date Incorporated or Qualified **09/02/1960** 3a. Date of Last Report **02/09/1996**
 4. FEI Number **59-0879015** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
SEGREST, NOREEN
4202 E. FOWLER AVENUE
ADM 250
TAMPA FL 33620

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, DONALD A	1.2 NAME	Shea, Patrick O.
STREET ADDRESS	4202 E. FOLER AVENUE, LIB 654	1.3 STREET ADDRESS	4202 E. Fowler Ave, LIB 654
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	EVDD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, KATHY L	2.2 NAME	
STREET ADDRESS	4202 E FOWLER AVENUE, ADM 247	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, PATRICK O.	3.2 NAME	Bell, Jerry
STREET ADDRESS	4202 E FOWLER AVENUE, LIB 654	3.3 STREET ADDRESS	4202 E. Fowler Ave, LIB 654
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATTI, JANELLE	4.2 NAME	Roberson, Richard W.
STREET ADDRESS	4202 E. FOWLER AVENUE	4.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JERRY	5.2 NAME	Brown, Richard L.
STREET ADDRESS	4202 E FOWLER AVENUE, LIB 654	5.3 STREET ADDRESS	4202 E. Fowler Ave, LIB 654
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Kathy L. Stafford Executive Vice President 2-17-97
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone # 0049508

CR2E037 (9/96)