

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701392 (3)
 1. Corporation Name
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.



Principal Place of Business 4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620	Mailing Address 4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620
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3. Date Incorporated or Qualified 09/02/1960		
4. FEI Number 59-0879015	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SECREST, 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	1.1 TITLE	PD
NAME	SHEA, PATRICK O	1.2 NAME	Brown, Richard L.
STREET ADDRESS	4202 E FOWLER AVE LIB 654	1.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	EVDD	2.1 TITLE	EVDD
NAME	STAFFORD, KATHY L	2.2 NAME	Stafford, Kathy L.
STREET ADDRESS	4202 E FOWLER AVENUE, ADM 247	2.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	VP	3.1 TITLE	VP
NAME	BELL, JERRY	3.2 NAME	Daks, Peter
STREET ADDRESS	4202 E FOWLER AVE LIB 654	3.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE	S	4.1 TITLE	S
NAME	ROBERSON, RICHARD W	4.2 NAME	Houghton, Beth A.
STREET ADDRESS	4202 E FOWLER AVE LIB 654	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	5.1 TITLE	TD
NAME	BROWN, RICHARD	5.2 NAME	Eickhoff, William A.
STREET ADDRESS	4202 E FOWLER AVE LIB 654	5.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Richard L.	
1.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654	
1.4 CITY-ST-ZIP	Tampa, FL 33620	
2.1 TITLE	EVDD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stafford, Kathy L.	
2.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654	
2.4 CITY-ST-ZIP	Tampa, FL 33620	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daks, Peter	
3.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654	
3.4 CITY-ST-ZIP	Tampa, FL 33620	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Houghton, Beth A.	
4.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654	
4.4 CITY-ST-ZIP	Tampa, FL 33620	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eickhoff, William A.	
5.3 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654	
5.4 CITY-ST-ZIP	Tampa, FL 33620	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 **Kathy L. Stafford, Ph.D.**
 Executive Vice President
 Date: **2-2-98** (813) 974-1825

CR2E037 (10/97)