


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90035 017 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701392**

1. Corporation Name  
**UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.**

117084 - 90035 - 17

Principal Place of Business 4202 E. FOWLER AVENUE ADM 241 TAMPA FL 33620	Mailing Address 4202 E. FOWLER AVENUE ADM 241 TAMPA FL 33620
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2. Principal Place of Business 21 Gibbons Alumni Center	2a. Mailing Address 26 Gibbons Alumni Center	3. Date Incorporated or Qualified 09/02/1960
Suite, Apt. #, etc. 22 4202 E. Fowler Avenue	Suite, Apt. #, etc. 27 4202 E. Fowler Avenue	4. FEI Number 59-0879015
City & State 23 Tampa, FL	City & State 28 Tampa, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33620	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33620	Country 30 USA	

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 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, RICHARD L		1.2 NAME	
STREET ADDRESS 4202 E FOWLER AVE, ADM 241		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33620		1.4 CITY-ST-ZIP	
TITLE EV	<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 AVE, ADM 241		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33620		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAKES, PETER		3.2 NAME	Daks, Peter A.
STREET ADDRESS 4202 E FOWLER AVE, ADM 241		3.3 STREET ADDRESS	4202 E. Fowler Ave.
CITY-ST-ZIP TAMPA FL 33620		3.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOUGHTON, BETH A		4.2 NAME	R. Patrick Hill
STREET ADDRESS 4202 E FOWLER AVE ADM 241		4.3 STREET ADDRESS	4202 E. Fowler Ave.
CITY-ST-ZIP TAMPA FL 33620		4.4 CITY-ST-ZIP	Tampa, FL 33620
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EICKHOFF, WILLIAM A		5.2 NAME	Richard W. Roberson
STREET ADDRESS 4202 E FOWLER AVE ADM 241		5.3 STREET ADDRESS	4202 E. Fowler Ave.
CITY-ST-ZIP TAMPA FL 33620		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 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, with all other like empowered.

SIGNATURE: *Kathy L. Stafford* **REQUIRED** Kathy L. Stafford, Ph.D.  
 Executive Vice President (813) 974-1825

CR2E037 (1/98)