

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701392

FILED
Jan 12, 2005
Secretary of State

Entity Name: UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

GIBBONS ALUMNI CENTER
4202 E FOWLER AVE
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-0879015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEGREST, NOREEN
USF FOUNDATION GENERAL COUNSEL
4202 EAST FOWLER AVENUE, ALC100
TAMPA, FL 33620 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: CHRM () Delete
Name: SHIMBERG, MANDELL
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: P () Delete
Name: RIERSON, MICHAEL D
Address: 4202 E FOWLER AVE, ADM214
City-St-Zip: TAMPA, FL 33620

Title: VCHR () Delete
Name: BORRECA, JOHN
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: S () Delete
Name: JOHNSON, TINA
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

Title: T () Delete
Name: BOMSTEIN, ALAN
Address: 4202 E FOWLER AVE, ALC100
City-St-Zip: TAMPA, FL 33620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN SCOTT

CFO

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date