

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701392

FILED  
Feb 05, 2008  
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: BORRECA, JOHN  
Address: 4202 E FOWLER AVE, ALC100  
City-St-Zip: TAMPA, FL 33620

Title: P ( ) Delete  
Name: ALESSANDRINI, JO-ANN  
Address: 4202 E FOWLER AVE, ADM214  
City-St-Zip: TAMPA, FL 33620

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

Title: S ( ) Delete  
Name: GILLETTE, GORDON  
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: CHRM (X) Change ( ) Addition  
Name: MUMA, LESLIE  
Address: 4202 E FOWLER AVE, ALC100  
City-St-Zip: TAMPA, FL 33620

Title: P (X) Change ( ) Addition  
Name: ROBISON, JEFFREY  
Address: 4202 E FOWLER AVE, ALC100  
City-St-Zip: TAMPA, FL 33620

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 exemption stated in Chapter 119, 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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CFO

02/05/2008

\_\_\_\_\_ Date