SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

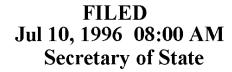
N38403

(4)

## UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address





P.O. BOX 280271 TAMPA FL 33682			P.O. BOX 280271 TAMPA FL 33682				
						3. Date incorporated or Qualified 05/31/1990	3a. Date of Last Report 03/08/1995
2. Principal Place	e of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For
21		26	26			59-3110958	Not Applicable
Suite, Apt. #, e	etc.	Suite, A	Suite, Apt. #, etc.				\$8.75 Additional
22		27	27			5. Certificate of Status Desired	Fee Required
City & State		City & S	City & State			6. Election Campaign Financing	Г <b>\$5.00</b> Мау Ве
23		28	28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip Cou		у	8. This corporation has liability for it	
24	25	29		30		Florida Statutes	Yes Y No
	9. Name and Address of Cu	rrent Registered Ag	ent			10. Name and Address of New Res	istered Agent
_				81	Name		
oehler,			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
2300 FIRS						·,	
111 MADI	ison street			83			
tampa fi	L 33802			84	City	<u> </u>	
					,		FL 85 Zip Code
11. Pursuant to the office or registagent. I am fr	he provisions of Sections 617. stered agent, or both, in the St amiliar with, and accept the ob	0502 and 617.1508, I late of Florida. Such o oligations of, Section	Florida Statut hange was a 617.0503, Fic	es, the above authorized by prida Statutes	e-named corp the corporati	coration submits this statement for the pution's board of directors. I hereby accept	
SIGNATURE	nature, typed or printed name of registered						
12.		AND DIRECTORS	(NO	13.	ent signature requi	red when reinstating)	DATE
TITLE	PD		DELETE	1.1 TOTLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	CRIST, VICTOR D.	_		1.2 NAME			Change Addition
STREET ADDRESS	7101 COVE PLACE				T ADORESS		
CITY-ST-ZIP	TAMPA FL 33617						
TITLE	VPD	1	DELETE	1.4 CITY - 2.1 TITLE	SI - ZIP		Channe ( ) Advisor
NAME	MATTHEWS, RUDY	L		2.2 NAME			Change Addition
STREET ADDRESS	16910 HANNA ROAD						
CITY-ST-ZIP	LUTZ FL 33549				TADORESS		
TITLE	VPD		DELETE	2. 4 CITY -	SI-ZIP		
NAME	FAIN. BILL	L		3.2 NAME			Change Addition
STREET ADDRESS	5017 E 127TH ST				r +0000000		
CITY-ST-ZIP	TAMPA FL				T ADDRESS		
TITLE	TD		DELETE	34. CITY - 41 TITLE	81-ZIP		Character Classic
NAME	SANDERSON, JIM	L		4 2 NAME			Change Addition
STREET ADDRESS	12307 N 52ND ST				i i		ļ
CITY-ST-ZIP	TAMPA FL				ADDRESS		
TITLE	SD		DELETE	4.4 City -: 5.1 Title	SI - ZIP		
NAME	MULLER, BARBARA	L					Change Addition
STREET ADDRESS	12401 N. 22ND ST., #A6	210		5.2 NAME	T A DOUGOS		
CITY-ST-ZIP	TAMPA FL 33612				ADORESS		
TITLE	Wall to LE AND IE		DELETE	5 4 CITY -	SI · ZIP		
NAME		L	_1 v	6.1 TITLE			Change Addition
STREET ADDRESS				6.2 NAME	1		
CITY-SI-ZIP				6.3 STREE 6.4 City -			

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:

SHARALIHI