


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90030 035 \*\*\*\*70.00

**DOCUMENT # N38403**

1. Entity Name  
**UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 280271  
 TAMPA, FL 33682**

Mailing Address  
**P.O. BOX 280271  
 TAMPA, FL 33682**

**54061866**



2. Principal Place of Business  
**14013 N. 22nd St.**  
 Suite, Apt. #, etc.  
**Ste. B**

3. Mailing Address  
**P.O. Box 47058**  
 Suite, Apt. #, etc.

06302004 Chg-NP CR2E037 (10/03)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33613**

Country  
**USA**

Zip  
**33647**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEVIN, CHARLES J**  
**400 N. ASHLEY DRIVE STE 1950**  
**TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRIST, VICTOR D. 7101 COVE PLACE TAMPA, FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANTHAM, DON 2121 E. 131 AVE TAMPA, FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>BORREGO, BARBARA</del> 2225 EAST 131ST AVENUE, APT 3001 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERSON, JIM 12307 N 52ND ST TAMPA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, VALERIE 2313 CEDAR TRACE CIRCLE TAMPA, FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Paul Wells 3111 Flat Rock Place Land O' Lakes, FL 34639 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Simpson, Valerie 2313 Cedar Trace Circle Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victor Crist, President 7/6/04 (813) 988-8206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**U.S.F. Area Community Civic Association, Inc.**

54061866

Post Office Box 47058, Tampa, FL 33647

*Working to Improve the Community!*

Attachment

July 6, 2004

#N38403

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: Submission of 2004 Not-For-Profit Corporation Annual Report for the University of South Florida Area Community Civic Association, Inc. (USFACCA)**

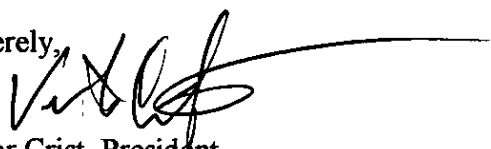
To Whom It May Concern:

Enclosed is our 2004 Not-For-Profit Corporation Annual Report for the University of South Florida Area Community Civic Association, Inc. (USFACCA), along with a check in the amount of \$70.00: \$61.25 for the filing fee, and \$8.75 for a certificate of status.

Please note that our mailing address has changed, and therefore we did not receive correspondence that the annual report was due.

Thank you in advance for your assistance in this matter. Should you have any questions, please feel free to contact us.

Sincerely,



Victor Crist, President  
University of South Florida Area Community Civic Association, Inc.