


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N38403
 1. Entity Name
 UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC ASSOCIATION, INC.



Principal Place of Business 14013 N. 22ND ST STE B TAMPA, FL 33613	Mailing Address PO BOX 47058 TAMPA, FL 33647
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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 May 1, 2007

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

U00000581607
 01/10/07-80034-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRIST, VICTOR D. 7101 COVE PLACE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANTHAM, DON 2121 E. 131 AVE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WELLS, PAUL 3111 FLAT ROCK PLACE LAND O LAKES, FL 34639
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERSON, JIM 12307 N 52ND ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMPSON, VALERIE 213 CEDAR TRACE CIRCLE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE: Valerie Simpson President 1-5-07 (813) 310-7315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #