2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 12, 2009
Secretary of State

DOCUMENT# N38403

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

Current Principal Place of Business:

14013 N. 22ND ST
STE B
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

PO BOX 47058
TAMPA, FL 33647

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, CHARLES J
400 N. ASHLEY DRIVE STE 1950
TAMPA, FL 33602 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: PD ( ) Delete
Name: CRIST, VICTOR D.
Address: 7101 COVE PLACE
City-St-Zip: TAMPA, FL 33617

Title: VPD ( ) Delete
Name: GRANTHAM, DON
Address: 2121 E. 131 AVE
City-St-Zip: TAMPA, FL 33613

Title: VPD ( ) Delete
Name: WELLS, PAUL
Address: 3111 FLAT ROCK PLACE
City-St-Zip: LAND O LAKES, FL 34639

Title: TD ( ) Delete
Name: SANDERSON, JIM
Address: 12307 N 52ND ST
City-St-Zip: TAMPA, FL 33613

Title: SD ( ) Delete
Name: SIMPSON, VALERIE
Address: 213 CEDAR TRACE CIRCLE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CRIST, VICTOR D.
Address: P O BOX 47058
City-St-Zip: TAMPA, FL 33646

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

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

Title: TD (X) Change ( ) Addition
Name: SANDERSON, JIM
Address: 12307 N 52ND ST
City-St-Zip: TAMPA, FL 33617

Title: SD (X) Change ( ) Addition
Name: EASTON, JO
Address: 409 HAYES RD
City-St-Zip: LUTZ, FL 33549

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: VICTOR D CRIST PD 10/12/2009

Electronic Signature of Signing Officer or Director Date