

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38403

**FILED**  
**Mar 04, 2019**  
**Secretary of State**  
**9104108931CC**

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

**Current Principal Place of Business:**

7126 WAREHAM DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47058  
TAMPA, FL 33646

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CRIST, VICTOR  
7126 WAREHAM DRIVE  
TAMPA, FL 33647 US

*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: VICTOR CRIST

03/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	1ST VPD
Name	CRIST, VICTOR D.	Name	GRANTHAM, DON
Address	P O BOX 47058	Address	2121 E. 131 AVE
City-State-Zip:	TAMPA FL 33646	City-State-Zip:	TAMPA FL 33613
Title	2ND VPD	Title	TD
Name	WELLS, PAUL	Name	JEWESAK, TIM
Address	3111 FLAT ROCK PLACE	Address	18312 CITATION STREET
City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	LUTZ FL 33549
Title	SD		
Name	EASTON, JO		
Address	409 HAYES RD		
City-State-Zip:	LUTZ FL 33549		

*I hereby 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 all other like empowered.*

SIGNATURE: JO EASTON

SECRETARY

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date