

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38403

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

**FILED**  
**Apr 02, 2020**  
**Secretary of State**  
**3997714684CC**

**Current Principal Place of Business:**

2121 E 131 AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 47058  
TAMPA, FL 33646 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

JEWESAK, TIM  
18312 CITATION STREET  
LUTZ, FL 33549 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:** TIM JEWESAK

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	1ST VPD
Name	CRIST, VICTOR D.	Name	GRANTHAM, DON
Address	7126 WAREHAM DRIVE	Address	16413 LAKE BYRD RD.
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33618
Title	2ND VPD	Title	TD
Name	WELLS, PAUL	Name	BARRETT, BILL
Address	3111 FLAT ROCK PLACE	Address	4001 HUDSON TERRACE
City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	TAMPA FL 33618
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**

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date