

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38403

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

**FILED**  
**Mar 07, 2014**  
**Secretary of State**  
**CC9750474194**

**Current Principal Place of Business:**

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

**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:**

RYDBERG, MARSHA  
400 N. TAMPA ST STE 1050  
TAMPA, FL 33602 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CRIST, VICTOR D.  
Address P O BOX 47058  
City-State-Zip: TAMPA FL 33646

Title VPD  
Name GRANTHAM, DON  
Address 2121 E. 131 AVE  
City-State-Zip: TAMPA FL 33613

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

Title TD  
Name SANDERSON, JIM  
Address 12307 N 52ND ST  
City-State-Zip: TAMPA FL 33617

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: VICTOR CRIST**

**PD**

**03/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date