

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38403

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**4531135851CC**

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

**Current Principal Place of Business:**

C/O UNIVERSITY BAPTIST CHURCH  
2121 EAST 131 AVE.  
TAMPA, FL 33612

**Current Mailing Address:**

C/O VICTOR D. CRIST, PRESIDENT  
P. O. BOX # 47058  
TAMPA, FL 33646 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

JEWESAK, TIM  
16702 LONGLEAT DR.  
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**

**02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CRIST, VICTOR D.  
Address 7126 WAREHAM DRIVE  
City-State-Zip: TAMPA FL 33647

Title 1ST VPD  
Name GRANTHAM, DON  
Address 16413 LAKE BYRD RD.  
City-State-Zip: TAMPA FL 33618

Title 2ND VPD  
Name CANTILLO, DAVID  
Address 1110 E. 139TH AVENUE  
City-State-Zip: TAMPA FL 34613

Title TD  
Name BARRETT, BILL  
Address 4001 HUDSON TERRACE  
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: VICTOR D. CRIST**

**PRESIDENT**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date