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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:20

DOCUMENT # **701392** **(3)**

1. Corporation Name
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

Principal Place of Business	Mailing Address
4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620	4202 E. FOWLER AVENUE LIB 654 TAMPA FL 33620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1958
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-0879015 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEGREST, NOREEN
4202 E. FOWLER AVENUE
ADM 250
TAMPA FL 33620

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	TAGGART, JOSEPH W	12 NAME	Gifford, Donald A.
STREET ADDRESS	4202 E. FOWLER AVENUE, LIB 654	13 STREET ADDRESS	4202 E. Fowler Avenue, LIB 654
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33620
TITLE	EVD	21 TITLE	EVD/D ☒ Change ☐ Addition
NAME	MCDOUGALL, GORDON A.	22 NAME	Stafford, Kathy L.
STREET ADDRESS	4202 E. FOWLER AVENUE	23 STREET ADDRESS	4202 E Fowler Avenue, ADM 247
CITY-ST-ZIP	TAMPA FL 33620	24 CITY-ST-ZIP	Tampa, FL 33620
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	GIFFORD, DONALD A	32 NAME	NONE
STREET ADDRESS	4202 E. FOWLER AVENUE, LIB 654	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	RATTI, JANELLE	42 NAME	S
STREET ADDRESS	4202 E. FOWLER AVENUE	43 STREET ADDRESS	Ratti, Janelle
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	4202 E. Fowler Avenue Tampa, FL 33620
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SHEA, PATRICK O	52 NAME	T/D
STREET ADDRESS	4202 E. FOWLER AVENUE, LIB 654	53 STREET ADDRESS	P Shea, Patrick O.
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	4202 E. Fowler Avenue Tampa, FL 33620
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Kathy L. Stafford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy L. Stafford, Ph.D.
Executive Vice President
Date

813/974-1825
Daytime Phone #

084410