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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 701392

(3)

UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC.

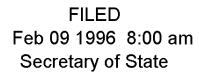
Mailing Address

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

4202 E. FOWLER AVENUE

LIB 654

TAMPA FL 33620



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3a. Date of Last Report 02/27/1995

3. Date Incorporated or Qualified 09/04/1958

· ·	ocipal Place of Business 2a. Mailing Address				4. FEI Number 59-0879015	Applied For	
21	26				59-08/9015	Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			i b. Cerciicale of Startis Desireo (18)	5 Additional Required	
City & State					6. Election Campaign Financing \$5.1	00 May Be	
23 28				1 11	led to Fees		
Ζιρ 24	Country 25	Zip 29	Zip Country 29 30		B. This corporation has liability for intangible tax under s. 199,032, Florida Statutes Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
SEGREST, NOREEN 4202 E. FOWLER AVENUE			61 62				
ADM 250		B3					
TAMPA FL 33620		84					
		64	City 85 Zip Code				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating). DATE							
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	GIFFORD, DONALD A		1.2 NAME		_	_	
STREET ADDRESS	4202 E. FOLER AVENUE, L	.IB 654	1.3 STREET	ADDRESS			
CITY - ST - ZIP	TAMPA FL		1.4 CITY - S	T-ZIP			
TITLE	EVDD	DELETE	2.1 TITLE		Change	Addition	
NAME	STAFFORD, KATHY L		2.2 NAME			_	
4202 E EOWI ED AVENUE ADM 247		2.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA CI		2 4 CITY-				
TITLE	VP	DELETE	3.1 TITLE		VP. Change	Addition	
NAME	GIFFORD, DONALD A		3.2 NAME	- 6	Patrick O. Shea Bichange 1202 E. Fowler Avenue, LIB 654	,	
STREET ADORESS	4202 E. FOWLER AVENUE	LIB 654	3.3 STREET ADDRESS		1202 E. FOWLER AVENUE, LIB 639	ľ	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-		Tampa, 92 33620		
TITLE	\$	DELETE	4.1 TITLE	A1 - E11	Change	Addition	
NAME	ratti, janelle		4. 2 NAME				
STREET ADDRESS	4202 E. FOWLER AVENUE		4.3 STREET	ADDRESS			
CITY - ST - ZIP	TAMPA FL		4.4 CITY - S				
TITLE	TD	DELETE	5 1 TITLE		TD Change	☐ Addition	
NAME	SHEA, PATRICK O		52 NAME			T Vacation	
STREET ADDRESS	4202 E. FOWLER AVENUE,	LIB 654	53 STREET ADDRESS 42		Jerry Bell 4202 E. Fowler Avenue, LIB 654		
CATY-ST-ZAP	TAMPA FL		54 City-St-Zip Tar		Tamor 5 32/20		
TITLE		DELETE	5.4 CHY-S 6.1 TITLE	1-ZIP	Tampa, FL 33620	Addition	
NAME					cnange	T VOOITION	
STREET ADDRESS			62 NAME			i	
			63 STREET				
CHY-ST-ZIP	certify that the information europlic	d with this flips is ush stadh. fur	64 CITY-S		fy for the exemption stated in Section 119.07(3)(k). Florida Statu		

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 this 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. Kathy L. Stafford, Ph.D.

SIGNATURE:

Executive Vice President

CR2E037 (12/95)