FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 JAN 30 AM 9:54

DOCUMENT # 717498 (0)

1. Corporation Name

UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4202 E. FOWLER AVE. LIB 654 TAMPA FL 33620-2455	4202 E. FOWLER AVE. LIB 654 TAMPA FL 33620-2455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1969
3a. Date of Last Report: 03/30/1994
4. FEI Number: 23-7357236 ☐ 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 AVE
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 Noreen Segrest — Noreen Segrest, General Counsel — 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	LINDSAY, ELIZABETH	1.2 NAME	Eickhoff, William
STREET ADDRESS	1460 GULFVIEW DR	1.3 STREET ADDRESS	415 15th Avenue, N.E.
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	PE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	EICKHOFF, WILLIAM	2.2 NAME	Walker, Karen
STREET ADDRESS	111 E MADISON ST #1550	2.3 STREET ADDRESS	403 Jasmine Way
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	SD	3.1 TITLE	S/T ☒ Change ☐ Addition
NAME	THOMAS, JOHN	3.2 NAME	Rohrlack, Sue
STREET ADDRESS	1198 SMOKE RISE LN	3.3 STREET ADDRESS	17826 Green Willow Drive
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	TD	4.1 TITLE	D ☒ Change ☐ Addition
NAME	WALKER, KAREN	4.2 NAME	Lindsay, Elizabeth
STREET ADDRESS	403 JASMINE WAY	4.3 STREET ADDRESS	1460 Gulfview Drive
CITY-ST-ZIP	CLEARWATER FL 34616	4.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	PPD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	LANE, RICHARD	5.2 NAME	Lane, Richard
STREET ADDRESS	15310 AMBERLY DR #250-40	5.3 STREET ADDRESS	15310 Amberly Drive, #250-40
CITY-ST-ZIP	TAMPA FL 33647	5.4 CITY-ST-ZIP	Tampa, FL 33647
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MCDOUGALL, GORDON	6.2 NAME	Taylor, Loren
STREET ADDRESS	14100 46TH ST N #P13	6.3 STREET ADDRESS	15449 Plantation Oaks Drive
CITY-ST-ZIP	TAMPA FL 33613	6.4 CITY-ST-ZIP	Tampa, FL 33647

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 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.

SIGNATURE: [signature] (813) 974-9127
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0064893