

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

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
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

7-21-97

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 VP
NAME FOX, LIANA
STREET ADDRESS 6402 E 112TH AVE
CITY-ST-ZIP TEMPLE TERRACE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME WALKER, KAREN
STREET ADDRESS 403 JASMINE WAY
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE President
2.2 NAME F. Dennis Alvarez, Chief Cir. Judge
2.3 STREET ADDRESS 419 Pierce St., Room 214-F
2.4 CITY-ST-ZIP Tampa, FL 33602

TITLE ST
NAME WALTERS, NEIL
STREET ADDRESS 2811 BAYSHORE BLVD, #1104
CITY-ST-ZIP TAMPA FL

3.1 TITLE Secretary-Treasurer
3.2 NAME David M. Corry
3.3 STREET ADDRESS Bricklemeyer, Smolker & Bolves, PA
3.4 CITY-ST-ZIP 111 E. Madison, Ste2400, Tampa 33602

TITLE D
NAME LINDSAY, ELIZABETH
STREET ADDRESS 1480 GULFVIEW DRIVE
CITY-ST-ZIP SARASOTA FL

4.1 TITLE Director
4.2 NAME Karen Walker
4.3 STREET ADDRESS 403 Jasmine Way
4.4 CITY-ST-ZIP Clearwater, FL 34616

TITLE D
NAME EICKHOFF, WILLIAM
STREET ADDRESS 415 15TH AVE, NE
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME TAYLOR, LOREN
STREET ADDRESS 1422 HOUNDS HOLLOW CT
CITY-ST-ZIP LUTZ FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 REQUIRED Loren R. Taylor, Exec. Dir. 974-9127

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