

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717498 (0)
1. Corporation Name
UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.



Principal Place of Business 4202 E. FOWLER AVE. LIB 654 TAMPA FL 33620-2455	Mailing Address 4202 E. FOWLER AVE. LIB 654 TAMPA FL 33620-2455
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/04/1969	
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
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 SEGREST, NOREEN 4202 E. FOWLER AVE ADM-250 TAMPA FL 33620	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

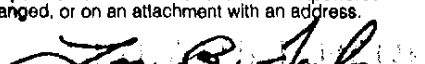
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VP ☐ DELETE
NAME	FOX, LIANA
STREET ADDRESS	6402 E 112TH AVE
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	P ☐ DELETE
NAME	ALVAREZ, F. DENNIS
STREET ADDRESS	419 PIERCE ST., ROOM 214-F
CITY-ST-ZIP	TAMPA FL
TITLE	ST ☐ DELETE
NAME	CORRY, DAVID M.
STREET ADDRESS	111 E MADISON, STE. 2400
CITY-ST-ZIP	TAMPA FL
TITLE	D ☐ DELETE
NAME	WALKER, KAREN
STREET ADDRESS	403 JASMINE WAY
CITY-ST-ZIP	CLEARWATER FL
TITLE	D ☐ DELETE
NAME	EICKHOFF, WILLIAM
STREET ADDRESS	415 15TH AVE, NE
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D ☐ DELETE
NAME	TAYLOR, LOREN
STREET ADDRESS	1422 HOUNDS HOLLOW CT
CITY-ST-ZIP	LUTZ FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  LOREN R. TAYLOR 1/22/98 913-974-9127

CR2E037 (10/97)