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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717498

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

2. Principal Place of Business 21 4202 E. Fowler Ave.	2a. Mailing Address 26 4202 E. Fowler Ave.	3. Date Incorporated or Qualifed 11/04/1969
Suite, Apt. #, etc. 22 ALC 000	Suite, Apt. #, etc. 27 ALC 000	4. FEI Number 23-7357236 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, FL	City & State 28 Tampa, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 33620 Country 25 USA	Zip 29 33620 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOX, LIANA 6402 E 112TH AVE TEMPLE TERRACE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALVAREZ, F. DENNIS 419 PIERCE ST., ROOM 214-F TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D S/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CORRY, DAVID M. 111 E MADISON, STE. 2400 TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Kelly Underhill 1628 Caldwell Street Lakeland, FL 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, KAREN 403 JASMINE WAY CLEARWATER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P John Harper 34902 Greensteele Rd. Dade City, FL 33525	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EICKHOFF, WILLIAM 415 15TH AVE, NE ST PETERSBURG FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Raymond Gross 2222 Belchery Court Dr. Clearwater, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, LOREN 1422 HOUNDS HOLLOW CT LUTZ FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Lisa Lewis 28355 Openfield Loop Wesley Chapel, FL 33543	☐ Change ☒ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lisa Lewis SIGNATURE REQUIRED Lisa Lewis 1/12/98 (813) 974-1868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #