# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 07, 2004**
**Secretary of State**

DOCUMENT# 717498

**Entity Name:** UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

4202 E. FOWLER AVE.
ALC 000
TAMPA, FL 33620 US

**New Principal Place of Business:**

**Current Mailing Address:**

4202 E. FOWLER AVE.
ACL 000
TAMPA, FL 33620

**New Mailing Address:**

**FEI Number: 23-7357236** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SEGREST, NOREEN
4202 E. FOWLER AVE
ALC 100
TAMPA, FL 33620 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOREEN SEGREST 01/07/2004
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BORRECA, JOHN
Address: 5405 SUNFLARE WAY
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: JAIN, ANILA DR.
Address: 10309 BRADEN RUN
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete
Name: SIMMONS, LINDA
Address: 14025 RIVEREDGE DR., SUITE 550
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete
Name: GROSS, RAYMOND
Address: 14820 RUE DE BAYONNE
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete
Name: LEWIS, LISA
Address: 606 HERCHEL DR.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: MCGILL, JIM
Address: 3424 WOODLEY RD.
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GIGLIA, GERALD
Address: 509 S. HYDE PARTK AVE
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA LEWIS PRES 01/07/2004
Electronic Signature of Signing Officer or Director Date