

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717498

FILED
Apr 28, 2004
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

4202 E. FOWLER AVE.
ACL 100
TAMPA, FL 33620

FEI Number: 23-7357236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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: GIGLIA, GERALD
Address: 509 S. HYDE PARTK AVE
City-St-Zip: TAMPA, FL 33606

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

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

D

04/28/2004

Electronic Signature of Signing Officer or Director

Date