

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717498

FILED
Mar 26, 2008
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: JAIN, ANILA DR.
Address: 4202 E. FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Delete
Name: SPALDING, JEFF
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Delete
Name: HARRIS, CHARLEY
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Delete
Name: POFF, PAT
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Delete
Name: LAMB, BRIAN
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FRAZEE, ROGER
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

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

Title: D (X) Change () Addition
Name: HARPER, JOHN
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

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

Title: D (X) Change () Addition
Name: EDMONSON, MARIE
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D () Change (X) Addition
Name: NORRIS, MICHELE
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CLARA LUGO

CFO

03/26/2008

Electronic Signature of Signing Officer or Director

Date