2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 717498

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 US

New Mailing Address:

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: FRAZEE, ROGER
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: HARPER, JOHN
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: EDMONSON, MARIE
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 32620

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: LUCAS, VICTOR
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 32620

Title: D (X) Change ( ) Addition
Name: KELLY, BRAD
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 03/26/2009

Electronic Signature of Signing Officer or Director Date