

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717498

FILED
Feb 10, 2010
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 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
Name: FRAZEE, ROGER
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D
Name: NORRIS, MICHELLE
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

Title: D
Name: HARPER, JOHN
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

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

Title: D
Name: LUCAS, VICTOR
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 32620

Title: D
Name: KELLY, BRAD
Address: 4202 E FOWLER AVE
City-St-Zip: TAMPA, FL 33620

I hereby 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 all other like empowered.

SIGNATURE: JOHN HARPER

AVP

02/10/2010

Electronic Signature of Signing Officer or Director

Date