FILED
May 02, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005385

1. Entity Name
USA SOUTH ATHLETIC FOUNDATION CORPORATION

Principal Place of Business	Mailing Address
12591 APOPKA COURT NORTH FT MYERS, FL 33903	12591 APOPKA COURT NORTH FT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-2372208

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PURTZ, RICHARD L
1515 BROADWAY ST
FT MYERS, FL 33901

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	FLOOD, JAYE
STREET ADDRESS	12591 APOPKA COURT
CITY-ST-ZIP	NORTH FT MYERS, FL 33903
TITLE	V/D
NAME	PURTZ, RICHARD
STREET ADDRESS	12591 APOPKA COURT
CITY-ST-ZIP	NORTH FT MYERS, FL 33903
TITLE	TS/D
NAME	PETERS, MARLA
STREET ADDRESS	12591 APOPKA COURT
CITY-ST-ZIP	NORTH FT MYERS, FL 33903
TITLE	D
NAME	DAVIS, GLEN
STREET ADDRESS	12591 APOPKA COURT
CITY-ST-ZIP	NORTH FT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05-04-05 $0015-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. E. Flood 4-29-05 239 253-6900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #