

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009532

FILED  
Aug 07, 2012  
Secretary of State

**Entity Name:** LSU ALUMNI OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

831 LEOPARD TRAIL  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

831 LEOPARD TRAIL  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 27-3597529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRISTER, DENA L  
384 OSPREY LAKES CIRCLE  
CHULUOTA, FL 32766 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: HARRELL, TONI  
Address: 384 OSPREY LAKES CIRCLE  
City-St-Zip: CHULUOTA, FL 32766

Title: D  
Name: BENCAZ, NICHOLAS  
Address: 913 N LAKE CLAIRE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: JONES, KAREN  
Address: 2080 MOHICAN TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: MYERS, URSULA  
Address: 450 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: BRISTER, DENA L  
Address: 831 LEOPARD TRAIL  
City-St-Zip: WINTER SPRINGS, FL 32708

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:** DENA BRISTER

TREA

08/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date