

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38403

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSITY OF SOUTH FLORIDA AREA COMMUNITY CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

14013 N. 22ND ST  
STE B  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47058  
TAMPA, FL 33647

**New Mailing Address:**

PO BOX 47058  
TAMPA, FL 33646

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LEVIN, CHARLES J  
400 N. ASHLEY DRIVE STE 1950  
TAMPA, FL 33602    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: PD  
Name: CRIST, VICTOR D.  
Address: P O BOX 47058  
City-St-Zip: TAMPA, FL 33646

Title: VPD  
Name: GRANTHAM, DON  
Address: 2121 E. 131 AVE  
City-St-Zip: TAMPA, FL 33613

Title: VPD  
Name: WELLS, PAUL  
Address: 3111 FLAT ROCK PLACE  
City-St-Zip: LAND O LAKES, FL 34639

Title: TD  
Name: SANDERSON, JIM  
Address: 12307 N 52ND ST  
City-St-Zip: TAMPA, FL 33617

Title: SD  
Name: EASTON, JO  
Address: 409 HAYES RD  
City-St-Zip: LUTZ, FL 33549

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: JO EASTON

SD

02/09/2010

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

\_\_\_\_\_ Date