## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000004738

4202 EAST FOWLER AVENUE CENTER 2449

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90178 041 \*\*\*\*61 25

UNIVERSITY OF SOUTH FLORIDA COUNCIL OF HONOR SOC 2 1 2 2 3 \* 521223 - 90178 - 41 IETIES, INC. Principal Place of Business Mailing Address 4202 EAST FOWLER AVENUE CENTER 2449 TAMPA FL 33620 TAMPA FL 33620 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 09/12/1996 21 26 4. FEI Number Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3186740 Not Applicable 27 22 City & State \$8:75 Additional City & State 5. Certifcate of Status Desired  $\Box$ Fee Required 23 28 Country Zip Country Zio 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ber is Not Acceptable) WEHNER, R P 82 4202 EAST FOWLER AVENUE 83 TAMPA FL 33620-6600 City Zip Code 85 33620 pa 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. lay 101 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **☑** DELETE 11TITI # TITLE Ted Rivera GALVEZ, RUPERT 1.2 NAME NAME 4202 E. Fowler Ave, MC2449 805 EAST BRANDON BOULEVARD 1.3 STREET ADDRESS STREET ADDRESS mps F1 33620 BRANDON FL 33511 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 2.1 TITLE TITLE RICHARDSON, MATTHEW 2.2 NAME NAME 02 E Fowler Ave, MC 2449 13713 PLAZA COURT #21 STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33613** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE TITLE NOUNE', ALYSON 3.2 NAME NAME 14802 MILLSTREAM WAY 3.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33613** 3.4. CITY- ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition 4.1 TITLE ☐ Change TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIE CITY-ST-ZIP 6.1 TILE ☐ Addition ☐ DELETE ☐ Change ппе 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY- ST-ZIP

CITY-ST-ZIP

(11/98) CR2E037