

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717498

Entity Name: UNIVERSITY OF SOUTH FLORIDA ALUMNI ASSOCIATION, INC.**FILED**
May 02, 2022
Secretary of State
9292635591CC**Current Principal Place of Business:**4202 E. FOWLER AVE.
ALC 100
TAMPA, FL 33620**Current Mailing Address:**4202 E. FOWLER AVE.
ALC 100
TAMPA, FL 33620 US**FEI Number: 23-7357236****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SEGREST, NOREEN
4202 E. FOWLER AVE
ALC 100
TAMPA, FL 33620 US*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**Officer/Director Detail :**Title EXECUTIVE DIRECTOR
Name MCCAUSLAND, WILLIAM
Address 4202 E FOWLER AVE
City-State-Zip: TAMPA FL 33620Title SECRETARY
Name TURNER, CHRISTINE
Address 4202 E FOWLER AVE
City-State-Zip: TAMPA FL 33620Title TREASURER
Name MARIOTTI, BILL
Address 4202 E FOWLER AVE
City-State-Zip: TAMPA FL 32620Title CHAIR
Name HAYES, MONIQUE
Address 4202 E FOWLER AVE
City-State-Zip: TAMPA FL 33620Title CHAIR, PAST
Name NORRIS, RANDY
Address 4202 E. FOWLER AVE
City-State-Zip: TAMPA FL 33620Title CHAIR, ELECT
Name COLON, BRAULIO
Address 4202 E. FOWLER AVENUE
ALC 100
City-State-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: WILLIAM MCCAUSLAND**EXECUTIVE DIRECTOR****05/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date