

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90166 031 ****61.25

DOCUMENT # 700348 (6)
1. Corporation Name
THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Principal Place of Business Mailing Address
225 University Center Building 225 University Center
Ste. 3100 Suite 3100
Tallahassee, FL 32306 Tallahassee, FL 32306

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1960	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-615280	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip Country		28. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Zip	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, BLDG. C STE 3100 TALLAHASSEE, FL 32306				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code			

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE CT <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME PETWAY, THOMAS F.				1.2 NAME			
STREET ADDRESS 2727 ATLANTIC BLVD				1.3 STREET ADDRESS			
CITY-ST-ZIP JACKSONVILLE, FL				1.4 CITY-ST-ZIP			
TITLE VT <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HINKLE, CLIFFORD R JR				2.2 NAME			
STREET ADDRESS 215 S MONROE STREET, #500				2.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE, FL				2.4 CITY-ST-ZIP			
TITLE AT <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BOOKOUT, JAMES M				3.2 NAME			
STREET ADDRESS 225 UNIVERSITY CTR BLDG, STE 3100				3.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE, FL 32306				3.4 CITY-ST-ZIP			
TITLE P <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME ROBISON, J. JEFFREY				4.2 NAME			
STREET ADDRESS 225 UNIV CTR BLDG, STE 3100				4.3 STREET ADDRESS			
CITY-ST-ZIP TALLAHASSEE, FL 32306				4.4 CITY-ST-ZIP			
TITLE ST <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME APTHROP, JAMES JR				5.2 NAME			
STREET ADDRESS 2901 RUBIDEAUX LANE				5.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL 33629-7341				5.4 CITY-ST-ZIP			
TITLE AS <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HOWARD, CARLENE A				6.2 NAME			
STREET ADDRESS 225 UNIV CTR BLDG C, STE. 3100				6.3 STREET ADDRESS			
CITY-ST-ZIP TAMPA FL 33629-7341				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied in 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.

SIGNATURE: *J. Jeffrey Robison* J. Jeffrey Robison, President

1/26/99 644-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)