


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

06-01-2007 90001 041 ****61.25

DOCUMENT # 700348 1. Entity Name THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.					
Principal Place of Business 2010 LEVY AVE BLDG B, SUITE 300 TALLAHASSEE, FL 32306-2739 US			Mailing Address 2010 LEVY AVE POV 3062739 TALLAHASSEE, FL 32306-2739 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6152180	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPORES, MARILYN 2010 LEVY AVE, BLDG B, STE 300 POB 3062739 TALLAHASSEE, FL 32306-2739				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE JONES, J. ROBERT JR 1645 CHASE LANDING WY WINTER PARK, FL 327895940 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, WILLIAM G JR P.O. BOX 11248 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPORES, MARILYN A 2010 LEVY AVE, BLDG B, STE 300 TALLAHASSEE, FL 323062739 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rasberry, Charles J 2010 Levy Avenue, Bldg B, Ste 300 Tallahassee, FL 32306-2739 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HAWKINS, TOM 2010 LEVY AVE, BLDG B, STE 300 TALLAHASSEE, FL 323062739 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLIS, MARK 1483 SAINT CHARLES PLACE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Williams, Ashbel C. Jr 11 Hunting Ridge Ln Wilton, CT 06897-2516 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ASHTON, JIM 2010 LEVY AVE, BLDG B, STE 300 TALLAHASSEE, FL 32306279 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Chorey-Smith, Lorraine M. 2010 Levy Ave, Bldg B, Ste 300 Tallahassee, FL 32306279 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-22-07 Daytime Phone # 850/644-0766		

ATTACHMENT 40119260

700348

2007 Not-For-Profit Corporation

Annual Report

FEIN: 59-615210

Attachment

Box 10 – Additional Officer and Directors

Title: T
Name: Carnaghi, John R
Address: 214 Westcott Building
Tallahassee, FL 32306-1320