

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

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**



04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6152180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPORES, MARILYN
2010 LEVY AVE, BLDG B, STE 300
POB 3062739
TALLAHASSEE, FL 32306-2739**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE JONES, J. ROBERT JR 1645 CHASE LANDING WY WINTER PARK, FL 327895940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SMITH, WILLIAM G JR P.O. BOX 11248 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RASBERRY, CHARLES J 2010 LEVY AVENUE BLDG B STE 300 TALLAHASSEE, FL 323062739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HAWKINS, TOM 2010 LEVY AVE, BLDG B, STE 300 TALLAHASSEE, FL 323062739
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, ASHBEL C JR 11 HUNTING RIDGE LANE WILTON, CT 068972516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHOREY-SMITH, LORAIN M 2010 LEVY AVE, BLDG B, STE 300 TALLAHASSEE, FL 32306279

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06/03/08-80032-024 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da, time Phone #

4-16-08