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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737328 (5)

1. Corporation Name

FLORIDA STUDENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

327 OFFICE PLAZA DRIVE
SUITE 202
TALLAHASSEE FL 32301-2755
US

327 OFFICE PLAZA DRIVE
SUITE 202
TALLAHASSEE FL 32301
US

3. Date Incorporated or Qualified
11/17/1976

3a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-1673603

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACHECO, SHARON J
327 OFFICE PLAZA DRIVE
SUITE 202
TALLAHASSEE FL 32301-2755

81 Name James, Cornelia Sha-Ron

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 *Cornelia S. James*

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

(NOTE: Registered Agent signature required when reinstating)

1/8/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MAYEUX, KEVIN
STREET ADDRESS UNIVERSITY OF FLORIDA, 305 REITZ UNION
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Brian Burgoon
1.3 STREET ADDRESS University of Florida, 305 Reitz Union
1.4 CITY-ST-ZIP Gainesville, FL

TITLE D ☐ DELETE
NAME WOODWARD, JEFF
STREET ADDRESS FL. ATLANTIC UNIV, SGA, UNIV. CENTER 210
CITY-ST-ZIP BOCA RATON FL 33431

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Kirlaw, John
2.3 STREET ADDRESS FL. ATLANTIC UNIV, SGA, UNIV. CENTER 210
2.4 CITY-ST-ZIP Boca Raton FL 33431

TITLE TD ☐ DELETE
NAME ABRAMSON, BRIAN
STREET ADDRESS FIU, NORTH MIAMI CAMPUS, UC363
CITY-ST-ZIP MIAMI FL 33181

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Becerra, Carlos
3.3 STREET ADDRESS FIU, South Campus
3.4 CITY-ST-ZIP Miami, FL

TITLE DM ☐ DELETE
NAME PACHECO, SHARON
STREET ADDRESS 327 OFFICE PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE DM ☒ Change ☐ Addition
4.2 NAME James, Cornelia
4.3 STREET ADDRESS 327 Office Plaza Drive
4.4 CITY-ST-ZIP Tallahassee, FL 32301

TITLE PCD ☐ DELETE
NAME TAIT, LARRY
STREET ADDRESS FLORIDA A & M UNIVERSITY SGA
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE PCD ☒ Change ☐ Addition
5.2 NAME Walters, Eugene
5.3 STREET ADDRESS FLORIDA A & M University SGA
5.4 CITY-ST-ZIP Tallahassee, FL 32307

TITLE D ☐ DELETE
NAME RODRIGUEZ, RONIEL
STREET ADDRESS FL. INTL. UNIV. SGA, UNIV HOUSE 311, PARK
CITY-ST-ZIP MIAMI FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME Josh Kuethe
6.3 STREET ADDRESS University of North Florida, SGA
6.4 CITY-ST-ZIP Jacksonville, FL

14. I do 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.

SIGNATURE: *Cornelia S. James* 1/8/97 (904) 871-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)