


FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737328** (5)

1. Corporation Name

FLORIDA STUDENT ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified

11/17/1976

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81

Name

KEVIN M. MAYEUX

82

Street Address (P.O. Box Number is Not Acceptable)

327 Office Plaza Drive

83

Suite 202

84

City

Tallahassee

FL

85

Zip Code
32301

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

Kevin M. Mayeux

KEVIN M. MAYEUX, EXECUTIVE DIRECTOR

1/19/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURGOON, BRIAN	
STREET ADDRESS	UNIVERSITY OF FLORIDA, 305 REITZ UNION	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRLEW JOHN	
STREET ADDRESS	FL. ATLANTIC UNIV, SGA, UNIV. CENTER 210	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BECERRA, CARLOS	
STREET ADDRESS	FIU, SOUTH CAMPUS	
CITY-ST-ZIP	MIAMI FL	

TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	CORNELIA, JAMES	
STREET ADDRESS	327 OFFICE PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	WAITERS, EUGENE	
STREET ADDRESS	FLORIDA A & M UNIVERSITY SGA	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUETHE, JOSH	
STREET ADDRESS	UNIVERSITY OF NORTH FLORIDA, SGA	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	M/ITR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEVIN M. MAYEUX	
1.3 STREET ADDRESS	327 Office Plaza Drive, Suite 202	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	

2.1 TITLE	P/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Christopher E. Dorworth	
2.3 STREET ADDRESS	300-54 J. WAYNE REITZ UNION	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32611	

3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chad Rowell	
3.3 STREET ADDRESS	11000 University Parkway, Bldg 22, Room 227	
3.4 CITY-ST-ZIP	Pensacola, FL 32514	

4.1 TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edwin Narain	
4.3 STREET ADDRESS	4202 E. Fowler Ave, CTR 203	
4.4 CITY-ST-ZIP	Tampa, FL 33620	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jomo K. Bellard	
5.3 STREET ADDRESS	206 Student Union Bldg	
5.4 CITY-ST-ZIP	Tallahassee, FL 32301	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael Miller, JR.	
6.3 STREET ADDRESS	777 Glades Road, UC 215	
6.4 CITY-ST-ZIP	Boca Raton, FL 33431	

14. I 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: *Kevin M. Mayeux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-98 (850) 877-7500

Date

Daytime Phone # 0007242

CR2E037 (10/97)