

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722946

**Entity Name:** FLORIDA STATE COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

501 WEST STATE STREET  
SUITE 104  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

501 WEST STATE STREET  
SUITE 104  
JACKSONVILLE, FL 32202 US

**FEI Number:** 23-7168438

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, JEANNE M  
501 WEST STATE STREET  
SUITE 446T  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MGR  
Name HIGHTOWER, MAGGIE  
Address 501 W. STATE ST, ROOM 104  
City-State-Zip: JACKSONVILLE FL 32202

Title 1V  
Name BOWLING, KAREN  
Address 117 W DUVAL STREET, #400  
City-State-Zip: JACKSONVILLE FL 32202

Title T  
Name COOK, ROBERT P  
Address P.O. BOX 2249  
City-State-Zip: LAKE CITY FL 32056

Title C  
Name BARNES, HARRISON WJR  
Address 826 PRUDENTIAL DR., SUITE 1202  
City-State-Zip: JACKSONVILLE FL 32207

Title 2V  
Name CANNON, CARL N  
Address 11457 FT. GEORGE ROAD  
City-State-Zip: JACKSONVILLE FL 32226

Title S  
Name BARRETT, MARTHA E  
Address 50 N LAURA STREET, 24TH FLOOR  
City-State-Zip: JACKSONVILLE FL 32202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAGGIE HIGHTOWER

**EXECUTIVE DIRECTOR  
(ACTING)**

**02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date