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CORPORATION ANNUAL REPORT **1995**

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

FILED
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DOCUMENT # 700348 (6)

1. Corporation Name

THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
634 W. CALL STREET FLORIDA STATE UNIVERSITY TALLAHASSEE FL 32306 US	634 W. CALL STREET FLORIDA STATE UNIVERSITY TALLAHASSEE FL 32306 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1960
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-6152180 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$58.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

CALHOUN, CHARLES H
634 WEST CALL STREET
TALLAHASSEE FL 32306

10. Name and Address of New Registered Agent

81 Name: J. Jeffrey Robison
82 Street Address (P.O. Box Number is Not Acceptable): 634 West Call Street
83
84 City: Tallahassee **FL** 85 Zip Code: 32306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: J. Jeffrey Robison, President — 3-14-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTRD	11 TITLE	☐ Change ☐ Addition
NAME	COLLOM, WILLIAM O	12 NAME	500001443305
STREET ADDRESS	1601 BISCAYNE BLVD	13 STREET ADDRESS	-03/29/95--01101--009
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	CTRD	21 TITLE	☒ Change ☐ Addition
NAME	DRAKE, FRED O JR	22 NAME	TrD Stavros, Gus A.
STREET ADDRESS	3100 CAPITAL CIR NE	23 STREET ADDRESS	111 Second Ave. NE, #510
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	BOOKOUT, JAMES M	32 NAME	
STREET ADDRESS	634 WEST CALL STREET	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☒ Change ☐ Addition
NAME	CALHOUN, CHARLES H	42 NAME	P Robison, J. Jeffrey
STREET ADDRESS	634 WEST CALL STREET	43 STREET ADDRESS	634 West Call Street
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	Tallahassee, FL 32306
TITLE	SD	51 TITLE	☒ Change ☐ Addition
NAME	SHAW, FRANK S JR	52 NAME	SD Hinkle, Clifford R.
STREET ADDRESS	701 SOUTH RIDE	53 STREET ADDRESS	108 E. Jefferson Street
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	TTRD	61 TITLE	☐ Change ☐ Addition
NAME	YOUNG, ROY C	62 NAME	
STREET ADDRESS	225 S ADAMS ST	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: (904) 644-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James M. Bookout — 3-28-95

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