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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32304-7967 US

3. Date Incorporated or Qualified: 01/21/1960
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business	2a. Mailing Address
21 225 University Center Bldg	26 225 University Center Bldg C
Suite, Apt. #, etc. 22 Suite 3100	Suite, Apt. #, etc. 27 Suite 3100
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip 24 32306 Country 25 US	Zip 29 32306 Country 30 US

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

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

9. Name and Address of Current Registered Agent

ROBINSON, JEFFREY J
634 WEST CALL STREET
TALLAHASSEE FL 32306

10. Name and Address of New Registered Agent

81 Name: ROBISON, J. Jeffrey
82 Street Address (P.O. Box Number is Not Acceptable): 225 University Center Building C
83 Suite 3100
84 City: Tallahassee **FL** 85 Zip Code: 32306

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAVROS, GUS A.		1.2 NAME		
STREET ADDRESS	111 SECOND AVE, #510		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PETWAY, THOMAS F.		2.2 NAME		
STREET ADDRESS	2727 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	3.1 TITLE	AT	☒ Change ☐ Addition
NAME	BOOKOUT, JAMES M		3.2 NAME	BOOKOUT, James M	
STREET ADDRESS	634 WEST CALL STREET		3.3 STREET ADDRESS	225 University Center Bldg. C, Suite 3100	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	P	☐ DELETE	4.1 TITLE	P	☒ Change ☐ Addition
NAME	KROBINSON, JEFFREY J		4.2 NAME	ROBISON, J. Jeffrey	
STREET ADDRESS	634 WEST CALL STREET		4.3 STREET ADDRESS	225 University Center Bldg. C, Suite 3100	
CITY-ST-ZIP	TALLAHASSEE FL 32306		4.4 CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HINKLE, CLIFFORD R JR		5.2 NAME		
STREET ADDRESS	215 S MONROE ST, #500		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	SMITH, PATRICIA H.		6.2 NAME	HOWARD, Carlene A.	
STREET ADDRESS	634 W CALL ST		6.3 STREET ADDRESS	225 University Center Bldg. C, Suite 3100	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	Tallahassee, FL 32306	

CR2E037 (9/96)

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: J. Jeffrey Robison 1/07/97 (904)644-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006185