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Feb 05 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 # 700348 (6)
 1. Corporation Name
THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.



Principal Place of Business 225 UNIV. CTR BLDG STE 3100 TALLAHASSEE FL 32306 US	Mailing Address 225 UNIV CTR BLDG STE 3100 TALLAHASSEE FL 32306 US
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3. Date Incorporated or Qualified 01/21/1960	
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. 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 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country
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9. Name and Address of Current Registered Agent ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, BLDG. C STE 3100 TALLAHASSEE FL 32306	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT STAVROS, GUS A. 111 SECOND AVE, #510 ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PETWAY, THOMAS F. 2727 ATLANTIC BLVD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOOKOUT, JAMES M 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KROBINSON, JEFFREY J 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HINKLE, CLIFFORD R JR 215 S MONROE ST, #500 TALLAHASSEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, PATRICIA H. 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CT PETWAY, THOMAS F. 2727 ATLANTIC BLVD JACKSONVILLE, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VT HINKLE, CLIFFORD R JR 215 S MONROE STREET, #500 TALLAHASSEE FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ROBISON, J. JEFFREY
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ST APTHROP, JAMES JR 2901 RUBIDEAUX LANE TAMPA FL 33629-7341
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS HOWARD, CARLENE A. 225 UNIV CTR BLDG C, STE. 3100 TALLAHASSEE FL 32306

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 _____ **DATE** _____

CR2E037 (10/97)