

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 005 ****61.25

DOCUMENT # 700348		
1. Entity 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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50043046

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6152180	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, BLDG. C STE 3100 TALLAHASSEE, FL 32306		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT KEEVER, LINDA 2945 LA CONCHA DRIVE CLEARWATER, FL 34622231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 490 1st Ave S Ste 800 St Petersburg, FL 33701-4204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CET SMITH, WILLIAM G P.O. BOX 11248 TALLAHASSEE, FL 32302 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, SUITE C3100 TALLAHASSEE, FL 323062660 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HAWKINS, TOM 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILLIS, MARK 1483 SAINT CHARLES PLACE TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPANN, JUDI 225 UNIVERSITY CENTER, SUITE C3100 TALLAHASSEE, FL 323062660 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Tom Hawkins **Date** (850) 644-6000 **Daytime Phone #**