2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State
04-18-2006 90087 020 ****61.25

DOCUMENT # 700348

1. Entity Name
THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.

Principal Place of Business	Mailing Address
2010 LEVY AVE BLDG B, SUITE 300 TALLAHASSEE, FL 32310-2660 US	2010 LEVY AVE BLDG B, SUITE 300 TALLAHASSEE, FL 32310-2660 US

04042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2010 Levy Ave, Bldg B, Ste 300 Suite, Apt. #, etc. PO Box 3062739
City & State	City & State Tallahassee, FL
Zip: 32306-2739 Country:	Zip: 32306-2739 Country: USA

4. FEI Number: 59-6152180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBISON, J. JEFFREY
225 UNIVERSITY CENTER, BLDG. C
STE 3100
TALLAHASSEE, FL 32306

7. Name and Address of New Registered Agent

Name: Spores, Marilyn
Street Address (P.O. Box Number is Not Acceptable): 2010 Levy Ave, Bldg B, Ste 300
PO Box 3062739
City: Tallahassee **FL** Zip Code: 32306-2739

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT KEEVER, LINDA 490 1ST AVE S, STE 800 SAINT PETERSBURG, FL 337014204	☑ Delete	CET Jones, Jr, J. Robert (T) 1645 Chase Landing Way Winter Park, FL 32789-5948	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CET SMITH, WILLIAM G P.O. BOX 11248 TALLAHASSEE, FL 32302	☐ Delete	C Smith Jr, William G (T)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROBISON, J. JEFFREY 225 UNIVERSITY CENTER, SUITE C3100 TALLAHASSEE, FL 323062660	☑ Delete	P Spores, Marilyn A 2010 Levy Ave, Bldg B, Ste 300 - PO Box 3062739 Tallahassee, FL 32306-2739	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HAWKINS, TOM 225 UNIV CTR BLDG, STE 3100 TALLAHASSEE, FL	☐ Delete	2010 Levy Ave, Bldg B, Ste 300 - PO Box 3062739 Tallahassee, FL 32306-2739	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HILLIS, MARK 1483 SAINT CHARLES PLACE TALLAHASSEE, FL 32308	☐ Delete	S Hillis, Mark (T)	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SPANN, JUDI 225 UNIVERSITY CENTER, SUITE C3100 TALLAHASSEE, FL 323062660	☑ Delete	AS Ashton, Jim 2010 Levy Ave, Bldg B, Ste 300 - PO Box 3062739 Tallahassee, FL 32306-2739	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Tom Hawkins 4-6-2006 (850) 644-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
500335
#700348

2006 Not-For-Profit Corporation
Annual Report
FEIN: 59-615210
Attachment

Box 11 – Addition

Title: T
Name: Carnaghi, John R
Address: 214 Westcott Building
Tallahassee, FL 32306-1320