

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90042 012 ****61.25

DOCUMENT # 705456

1. Entity Name
FLORIDA STATE UNIVERSITY ALUMNI ASSOCIATION



Principal Place of Business
**ALUMNI CENTER
1030 W TENN ST
TALLAHASSEE, FL 32304 US**

Mailing Address
**ALUMNI CENTER
1030 W TENN ST
TALLAHASSEE, FL 32304 US**

40017865



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0705420

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADAMS, W BARRY
1707 HERMITAGE BLVD
4108
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

3444 Cameron Chase DR

City

Tallahassee

FL

Zip Code

32309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
VD
WOODRUFF, THOMAS M
4055 CENTRAL AVENUE
SAINT PETERSBURG, FL 33713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
RICHMOND, RON
1435 PIEDMONT DR STE 110
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
HILL, JEFF L
466 S CTRY CLUB DR
LAKE WORTH, FL 334621238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ADAMS, W BARRY
1767 HERMITAGE BLVD # 4108
TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**3444 Cameron Chase DR
Tallahassee, FL 32309**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
WALDEN, GENE
36 SWIMMING PEN DRIVE
MIDDLEBURG, FL 32068 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D ☐ Change ☒ Addition
**Donald L. Eddings
1004 Lake Cooper Dr
Lutz, FL 33548**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
MOBLEY, DAVID
2551 ROSWELL RD STE 425
MARIETTA, GA 30062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

Date

(850) 644-2761

Daytime Phone #