
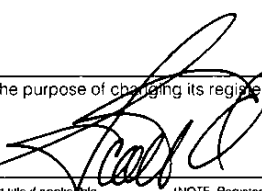
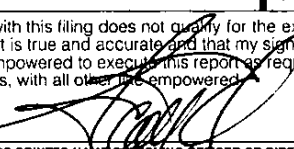


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90062 007 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0705420	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, W BARRY 3444 CAMERON CHASE DR. TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Scott Atwell Street Address (P.O. Box Number is Not Acceptable) 4048 Brandon Hill 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  DATE 7/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RICHMOND, RON 1435 PIEDMONT DR STE 110 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Maury Kolchakian 2561 Noble Dr. Tallahassee, FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, JEFF L 466 S CTRY CLUB DR LAKE WORTH, FL 334621238	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Allen Durham 3290 Salinger Way Tallahassee, FL 32311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, W BARRY 3444 CAMERON CHASE DR. TALLAHASSEE, FL 32309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Scott Atwell 4048 Brandon Hill Dr. Tallahassee, FL 32309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDDINGS, DONALD L 1004 LAKE COOPET DR. LUTZ, FL 33548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOBLEY, DAVID 2551 ROSWELL RD STE 425 MARIETTA, GA 30062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Laurel Moredock 634 Bay St. Naples Beach, FL 32266	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.					
SIGNATURE:  DATE 7/30/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					