FROM :ROBERTS REAL ESTATE INC FAX NO. :3528409988

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-07-2005 90006 041 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 717226

1. Entity Name
FLORIDA BOARD OF GOVERNORS FOUNDATION, INC.

66025109

Principal Place of Business	Mailing Address
C/O ~~THOMAS F. PETWAY, III~~ Carolyn K. Roberts 325 WEST GAINES STREET TALLAHASSEE, FL 32399	C/O ~~THOMAS F. PETWAY, III~~ Carolyn K. Roberts 325 WEST GAINES STREET TALLAHASSEE, FL 32399

07052005 Chg-NP CR2E037 (10/03)

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

4. FEI Number 23-7037528 ☐ Applied For ☐ Not Applicable

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
~~PETWAY, THOMAS F. III~~ Carolyn K. Roberts 325 WEST GAINES STREET TALLAHASSEE, FL 32399	Name: Carolyn K. Roberts Street Address (P.O. Box Number is Not Acceptable): 325 West Gaines Street City: Tallahassee FL Zip: 32399

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 Carolyn K. Roberts Carolyn K Roberts 7/25/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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	D TEMPLE, JOHN W 325 W GAINES STREET TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUMMELL, PETER 325 W GAINES STREET TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ROBERTS, CAROLYN K 326 W GAINES STREET TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DASBURG, JOHN H 325 W GAINES STREET TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, AVA L 325 W GAINES STREET TALLAHASSEE, FL 32399	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UHLFELDER, STEVEN 325 W GAINES STREET TALLAHASSEE, FL 32399	☐ 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: Robert D. Henker Robert D. Henker 7/05/05 245-0470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #