


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90091 035 \*\*\*\*61.25

<b>DOCUMENT # 717226</b> 1. Entity Name <b>FLORIDA BOARD OF GOVERNORS FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O CAROLYN K. ROBERTS          325 WEST GAINES STREET; SUITE 1614          TALLAHASSEE, FL 32399-0400</b>			Mailing Address <b>C/O CAROLYN K. ROBERTS          325 WEST GAINES STREET; SUITE 1614          TALLAHASSEE, FL 32399-0400</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>23-7037528</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>ROBERTS, CAROLYN K          325 WEST GAINES STREET; SUITE 1614          TALLAHASSEE, FL 32399-0400</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TEMPLE, JOHN W</b> <b>325 W GAINES STREET</b> <b>TALLAHASSEE, FL 32399</b>	<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	D <b>DUNCAN, ANN W</b> <b>325 W GAINES STREET</b> <b>TALLAHASSEE, FL 32399</b>	<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	C <b>ROBERTS, CAROLYN K</b> <b>325 W GAINES STREET</b> <b>TALLAHASSEE, FL 32399</b>	<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	V <b>DASBURG, JOHN H</b> <b>325 W GAINES STREET</b> <b>TALLAHASSEE, FL 32399</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Sheila McDevitt</b> <b>325 W Gaines Street</b> <b>Tallahassee, FL 32399</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PARKER, AVA L</b> <b>325 W GAINES STREET</b> <b>TALLAHASSEE, FL 32399</b>	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.					
<b>SIGNATURE:</b> <i>Tim Jones</i> <b>Tim Jones, Treasurer</b>			<b>1-9-08</b> <b>245-9397</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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