

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722946

FILED
Feb 08, 2012
Secretary of State

Entity Name: FLORIDA STATE COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

501 WEST STATE STREET
SUITE 104
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

501 WEST STATE STREET
SUITE 104
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 23-7168438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, JEANNE M
501 WEST STATE STREET
SUITE 446T
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGR
Name: STAMP, ROBERT L
Address: 501 W. STATE ST, ROOM 104
City-St-Zip: JACKSONVILLE, FL 32202

Title: C
Name: BARNES, HARRISON W JR
Address: 826 PRUDENTIAL DR., SUITE 1202
City-St-Zip: JACKSONVILLE, FL 32207

Title: 1V
Name: BOWLING, KAREN
Address: 117 W DUVAL STREET, #400
City-St-Zip: JACKSONVILLE, FL 32202

Title: 2V
Name: CANNON, CARL N
Address: 11457 FT. GEORGE ROAD
City-St-Zip: JACKSONVILLE, FL 32226

Title: T
Name: COOK, ROBERT P
Address: P.O. BOX 2249
City-St-Zip: LAKE CITY, FL 32056

Title: S
Name: BARRETT, MARTHA E
Address: 50 N LAURA STREET, 24TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT L.STAMP

MGR

02/08/2012

Electronic Signature of Signing Officer or Director

Date