FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737328** **(5)**

1. Corporation Name

FLORIDA STUDENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
327 OFFICE PLAZA DRIVE SUITE 202 TALLAHASSEE FL 32301-2755 US	327 OFFICE PLAZA DRIVE SUITE 202 TALLAHASSEE FL 32301-2755 US

3. Date Incorporated or Qualified: **11/17/1976**
3a. Date of Last Report: **10/12/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-1673603** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PACHECO, SHARON J
327 OFFICE PLAZA DRIVE
SUITE 202
TALLAHASSEE FL 32301-2755

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAYEUX, KEVIN		1.2 NAME	
STREET ADDRESS	~~US, 305 REITZ UNION~~		1.3 STREET ADDRESS	University of Florida, 305 Reitz Union
CITY-ST-ZIP	GAINESVILLE FL 32611		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WOODWARD, JEFF		2.2 NAME	
STREET ADDRESS	FL. ATLANTIC UNIV, SGA, UNIV. CENTER 210		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMSON, BRIAN		3.2 NAME	
STREET ADDRESS	FIU, NORTH MIAMI CAMPUS, UC363		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181		3.4 CITY-ST-ZIP	
TITLE	DM	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~PACHED, SHARON~~		4.2 NAME	Sharon Pacheco
STREET ADDRESS	327 OFFICE PLAZA DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301-2755		4.4 CITY-ST-ZIP	
TITLE	PCD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TAIT, LARRY		5.2 NAME	
STREET ADDRESS	~~FL. A&M UNIV, SGA, P.O. BOX 70810, N/A~~		5.3 STREET ADDRESS	Florida A+M University SGA
CITY-ST-ZIP	TALLAHASSEE FL 32307		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	~~RAINIER, RONIEL~~		6.2 NAME	Roniel Rodriguez
STREET ADDRESS	FL. INTL,. UNIV. SGA, UNIV HOUSE 311, PARK		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33199		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon J Pacheco 2/5/96 (904) 877-7882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #