

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000003400

1. Entity Name
FLORIDA STATE UNIVERSITY SCHOOLS, INC.



Principal Place of Business
3000 SCHOOL HOUSE ROAD
TALLAHASSEE, FL 32311

Mailing Address
THE FLORIDA STATE UNIVERSITY
7792
TALLAHASSEE, FL 32306-7792



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3726188

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACKSON, JESSE
3000 SCHOOL HOUSE ROAD
TALLAHASSEE, FL 32311

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000204140

01/29/05-80058-025 61.25

10. OFFICERS AND DIRECTORS

TITLE C
NAME BROOME, ROBERT
STREET ADDRESS 3513 CARRINGTON DRIVE
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE VC
NAME DOWNING, DELORES E
STREET ADDRESS P.O. BOX 5571
CITY - ST - ZIP TALLAHASSEE, FL

TITLE D
NAME DANTIN, KEITH
STREET ADDRESS 506 FRANK SHAW ROAD
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE D
NAME INGRAM, M'LISA
STREET ADDRESS 2162 HICKORY LANE
CITY - ST - ZIP TALLAHASSEE, FL 32305

TITLE D
NAME KING, DANIEL C
STREET ADDRESS 1624 CHERRY HILL LANE
CITY - ST - ZIP TALLAHASSEE, FL 32312

TITLE D
NAME MINNICK, CHARLOTTE DR
STREET ADDRESS 6010 QUAIL RIDGE DR
CITY - ST - ZIP TALLAHASSEE, FL 32312

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

Daytime Phone #