

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90401 006 ****61.25

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**

00000121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3726188

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACKSON, JESSE
3000 SCHOOL HOUSE ROAD
TALLAHASSEE, FL 32311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 4, 2006**

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

TITLE ☐ Change ☒ Addition
NAME **Sanders, Scott**
STREET ADDRESS **2704 Waterford Glen Ct**
CITY-ST-ZIP **Tallahassee, FL 32312**

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

TITLE ☐ Change ☒ Addition
NAME **Dean Marcy Driscoll**
STREET ADDRESS **166 Ocean View Dr**
CITY-ST-ZIP **Crawfordville, FL 32327**

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

TITLE ☐ Change ☒ Addition
NAME **Ms. Susan Babcoza**
STREET ADDRESS **511 Williams Rd**
CITY-ST-ZIP **Tallahassee, FL 32311**

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

TITLE ☐ Change ☒ Addition
NAME **Dr. Robert Bradley**
STREET ADDRESS **657 Forest Lair**
CITY-ST-ZIP **Tallahassee, FL 32312**

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

TITLE ☐ Change ☒ Addition
NAME **Ms. Mary Liz Moody**
STREET ADDRESS **591 Hickory Lane**
CITY-ST-ZIP **Havana, FL 32333**

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

TITLE ☐ Change ☐ Addition
NAME **Mr. David L Leeka**
STREET ADDRESS **554 Meadow Ridge Dr**
CITY-ST-ZIP **Tallahassee, FL 32312**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Broome

3/6/06 245-3700