

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/31/07 90008 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3726188	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, JESSE 3000 SCHOOL HOUSE ROAD TALLAHASSEE, FL 32311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <div style="float: right; text-align: right;"> 8/21/07 <small>DATE</small> </div>					
Filing Fee is \$81.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOME, ROBERT, Chairman		NAME	Dean Marcy Driscoll	
STREET ADDRESS	3513 CARRINGTON DRIVE		STREET ADDRESS	166 Ocean View Dr	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Grew Fordville, FL 32327	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWNING, DELORES E		NAME	Mr Bill Wier	
STREET ADDRESS	P.O. BOX 5571		STREET ADDRESS	8292 Colter's Crossing	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	Director	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALCZA, SUSAN MS.		NAME	Mrs Hetal McGuire	
STREET ADDRESS	5111 WILLIAMS RD		STREET ADDRESS	500 Talaflo St	
CITY-ST-ZIP	TALLAHASSEE, FL 32311		CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, ROBERT DR, Vice Chair		NAME	Dr Laurie Molina	
STREET ADDRESS	657 FOREST LAIR		STREET ADDRESS	FSU	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Tallahassee, FL 32306	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, MARY LIZ MS		NAME	Dr Ken Rodda	
STREET ADDRESS	591 HICKORY LN		STREET ADDRESS	2803 Kil Kierane Dr	
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP	Tallahassee, FL 32309	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEKA, DAVID L MR		NAME	Mrs Pamela Wainwright	
STREET ADDRESS	554 MEADOW RIDGE DR		STREET ADDRESS	85 Sierrard	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Havana, FL 32333	
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:			8-24-07 850 528-1282		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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