

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 049 \*\*\*\*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.

03132008 Chg-NP CR2E037 (12/06)

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 **W.E. "Bill" Johnson**

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

**3000 School House Rd**

**Tallahassee**

**FL**

Zip Code  
**32301**

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

*W.E. "Bill" Johnson*

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

(NOTE: Registered Agent signature required when reinstating)

**4/9/8**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **HeTal McGuire** ☐ Change ☒ Addition  
NAME **So. tal Flo Street**  
STREET ADDRESS **Tallahassee, FL 32308**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DRISCOLL, DEAN M**  
STREET ADDRESS **166 OCEAN VIEW DR.**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

TITLE **Ken Rodda** ☐ Change ☒ Addition  
NAME **2803 Kilkieane Dr**  
STREET ADDRESS **Tallahassee, FL 32309**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **WIER, BILL**  
STREET ADDRESS **8292 COLTER'S CROSSING**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **Laurie Molina** ☐ Change ☒ Addition  
NAME **C2200 University Center**  
STREET ADDRESS **Tallahassee, FL 32306-2641**  
CITY-ST-ZIP

TITLE **DVC** ☐ Delete  
NAME **BRADLEY, ROBERT DR**  
STREET ADDRESS **657 FOREST LAIR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **Pamela Wainwright** ☐ Change ☒ Addition  
NAME **85 Sierra Road**  
STREET ADDRESS **Havana, FL 32333-4237**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MOODY, MARY LIZ MS**  
STREET ADDRESS **591 HICKORY LN**  
CITY-ST-ZIP **HAVANA, FL 32333**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEEKA, DAVID L MR**  
STREET ADDRESS **554 MEADOW RIDGE DR**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Robert B Bradley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*W.E. "Bill" Johnson*