

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001940

Entity Name: FSU.COM/CENTRAL FLORIDA, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
220 WESTCOTT BLDG
TALLAHASSEE, FL 323061470

Current Mailing Address:

THE FLORIDA STATE UNIVERSITY
220 WESTCOTT BLDG
TALLAHASSEE, FL 323061470

New Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BLDG
TALLAHASSEE, FL 323061400

New Mailing Address:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BLDG
TALLAHASSEE, FL 323061400

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFENS, BETTY
424 WESTCOTT BLDG
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061400 US

Name and Address of New Registered Agent:

STEFFENS, BETTY
424 WESTCOTT BLDG
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061400 US

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.

SIGNATURE: BETTY STEFFENS

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MUSZYNSKI, MICHAEL J
Address: 415 BRIERCLIFF DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: P () Delete
Name: AMMERMAN, DON R
Address: 7233 LAKE ELLENOR DR.
City-St-Zip: ORLANDO, FL 32809

Title: D () Delete
Name: HILL, MOLLIE
Address: 1269 W CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: D () Delete
Name: MORRISON, RICH
Address: 2400 BEDFORD ROAD, 4TH FLOOR
City-St-Zip: ORLANDO, FL 32803

Title: P () Delete
Name: BOZARD, JOHN W
Address: 1414 KUHL AVE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: PRITCHARD, SIBILLE
Address: 401 W COLONIAL DRIVE SUITE #7
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RCD (X) Change () Addition
Name: MUSZYNSKI, MICHAEL J MD
Address: 250 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: SADA (X) Change () Addition
Name: LITTLES, ALMA MD
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: DCCR (X) Change () Addition
Name: HILL, MOLLIE
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: P (X) Change () Addition
Name: AMMERMAN, DON R
Address: 7233 LAKE ELLENOR DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: P (X) Change () Addition
Name: BOZARD, JOHN W
Address: 3160 SOUTHGATE COMMERCE BLVD.
City-St-Zip: ORLANDO, FL 32806

Title: IM (X) Change () Addition
Name: EVERETT, GEORGE D MD
Address: 2501 N. ORANGE AVENUE, SUITE 235
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLIE H. HILL

DCCR

04/06/2009

Electronic Signature of Signing Officer or Director

Date