


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 22 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001941	
1. Entity Name FSU.COM/WEST FLORIDA, INC.	

Principal Place of Business THE FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470 US	Mailing Address THE FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GLEASON, GREGG A THE FLORIDA STATE UNIVERSITY 424 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1400
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7. Name and Address of New Registered Agent Name Steffens, Betty Street Address (P.O. Box Number is Not Acceptable) 424 Westcott Bldg, Florida State University City Tallahassee FL Zip Code 32306-1400

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 Betty Steffens *Betty Steffens* 4/07/04
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, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCLEOD, PAUL A M.D. 5020 COMMERCE PARK CIRCLE PENSACOLA, FL 32505 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAROCO, PAUL M.D. P.O. BOX 2700 PENSACOLA, FL 325132700 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, LACEY ONE NORTH PALAFOX STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, PAIGE 2207 SOUTH FERDON BLVD CRESTVIEW, FL 32536 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maechi N. Hiv 4/06/04 644-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Board Members of the FSU.COM/West Florida, Inc.

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The Honorable Lacey Collier
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CNPPPJT4 - 04 RUN DATE 04/15/2004 AS OF 04/15/2004
FLAIR - CENTRAL ACCOUNTING

450000 00
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POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY
SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S
(850)644-9645

SWDN 54000123062 ADOCNO V031985

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	----- BENEFITTING DATA -----
ACCOUNT CODE	CF	TC	OBJECT		
49 10 1 000210 48900100 21 040000 00		25	4993	61.25	45 10 1 000132 45300100 00 000100 00 45 INVOICE # 000001941 61.25
TRANSACTION CODE TOTAL - 25		61.25	45	61.25	

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ENTERED APR 20 2004