

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

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

STEFFENS, BETTY
424 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306-1400

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 x

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, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCLEOD, PAUL A M.D.
8880 UNIVERSITY OKWY, SUITE A
PENSACOLA, FL 32514 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200054014992 ☐ Addition
05/06/05--01064--021 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAROCO, PAUL M.D.
P.O. BOX 2700
PENSACOLA, FL 325132700 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLIER, LACEY
ONE NORTH PALAFOX STREET
PENSACOLA, FL 32501 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COLLIER, PAIGE
1455 SOUTH FERDON BLVD, STE B1
CRESTVIEW, FL 32536 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, DAVID MD
5153 NORTH 9TH AVENUE
PENSACOLA, FL 32504 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOUDREAUX, GEORGE
6002 BERRYHILL ROAD
MILTON, FL 32570 ☒ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/05

Date

(850)644-8936

Daytime Phone #

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

PS 202

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The Honorable Lacey Collier
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