

10P2

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 APR -5 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03232006

Chg-NP

CR2E037 (11/05)

06

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Betty Steffens

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

(NOTE: Registered Agent signature required when reinstating)

3/23/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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

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

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

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

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

TITLE D ☐ Delete
NAME HILLS, MOLLIE H
STREET ADDRESS 1115 W CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 323094300

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

**800072290188
04/27/06--01017--024 **\$61.25**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Mollie H. Hill

Mollie H. Hill

3/24/06

PSB-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.

2 of 2

Paul A. McLeod, M.D. (Chair)
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The Honorable Lacey Collier
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