


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001941 1. Entity Name FSU.COM/WEST FLORIDA, INC.	
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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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent STEFFENS, BETTY 424 WESTCOTT BUILDING FLORIDA STATE UNIVERSITY TALLAHASSEE, FL 32306-1400	
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07 APR -3 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


93152007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 DATE 3/15/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	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		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900096372909 04/10/07--01048--005 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLIER, PAIGE 1455 SOUTH FERDON BLVD, STE B1 CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLOCK, ELLIS 730 BAYFRONT PKWY, SUITE 5 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLS, MOLLIE H 1115 W CALL ST TALLAHASSEE, FL 323094300 <input type="checkbox"/> Delete	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 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. Hills DATE 3/16/07 DAYTIME PHONE # (850)644-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 / 2007 Board Members of the FSU.CoM / West Florida, Inc.

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