

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED

06 APR -5 PM 1:41

FLORIDA STATE
TALLAHASSEE, FLORIDA



03232006 No Chg-NP CR2E037 (11/05)

06

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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

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

**DO NOT WRITE
IN THIS SPACE**

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 3/23/06
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fee \$00072290115
04/27/06--01017--022 **61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLES, ALMA M.D. 1269 W CALL STREET TALLAHASSEE, FL 323064300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, JOHN P.O. BOX 15349 TALLAHASSEE, FL 323175349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUSH, SHARON 2626 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLL, AVON M.D. 1609 PHYSICIANS DRIVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCH, MARJORIE M.D. 1515 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, MOLLIE H 1289 W CALL STREET TALLAHASSEE, FL 323064300

**DO NOT WRITE
IN THIS SPACE**

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 3/24/06 850-694-8936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Board Members of the FSU COM/Big Bend, Inc.

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