

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000008428	
1. Entity Name FSU.COM/BIG BEND OF FLORIDA, INC.	

Principal Place of Business FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470	Mailing Address FLORIDA STATE UNIVERSITY 211 WESTCOTT BUILDING TALLAHASSEE, FL 32306-1470
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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 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	D LITTLES, ALMA M.D. 1269 W CALL STREET TALLAHASSEE, FL 323064300 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100096372981 04/10/07--01048--006 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGAN, JOHN P.O. BOX 15349 TALLAHASSEE, FL 323175349 <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 ROUSH, SHARON 2626 CAPITAL MEDICAL BLVD TALLAHASSEE, FL 32308 <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 DOLL, AVON M.D. 1609 PHYSICIANS DRIVE TALLAHASSEE, FL 32308 <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 KIRSCH, MARJORIE M.D. 1515 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303 <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 HILL, MOLLIE H 1269 W CALL STREET TALLAHASSEE, FL 323064300 <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. Hill DATE 3/16/07 DAYTIME PHONE # (850) 644-8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Board Members of the FSU.COM/Big Bend, Inc.
(Tallahassee Community Board)**

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