

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008428

FILED
Apr 06, 2009
Secretary of State

Entity Name: FSU.COM/BIG BEND OF FLORIDA, INC.

Current Principal Place of Business:

FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 323061470

New Principal Place of Business:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400

Current Mailing Address:

FLORIDA STATE UNIVERSITY
211 WESTCOTT BUILDING
TALLAHASSEE, FL 323061470

New Mailing Address:

THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 323061400

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFENS, BETTY
424 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 323061400 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LITTLES, ALMA M.D.
Address: 1269 W CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: D () Delete
Name: HOGAN, JOHN
Address: P.O. BOX 15349
City-St-Zip: TALLAHASSEE, FL 323175349

Title: D () Delete
Name: ROUSH, SHARON
Address: 2626 CAPITAL MEDICAL BLVD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DOLL, AVON M.D.
Address: 1609 PHYSICIANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: KIRSCH, MARJORIE M.D.
Address: 1515 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HILL, MOLLIE H
Address: 1269 W CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RCD (X) Change () Addition
Name: HARTSFIELD, MEL MD
Address: 3331 CAPITAL OAKS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SADA (X) Change () Addition
Name: LITTLES, ALMA MD
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: DCCR (X) Change () Addition
Name: HILL, MOLLIE H
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 323064300

Title: CMS (X) Change () Addition
Name: DOLL, AVON M.D.
Address: 1609 PHYSICIANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P (X) Change () Addition
Name: FIELDS, MIKE
Address: 315 SOUTH CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MD (X) Change () Addition
Name: KIRSCH, MARJORIE MD
Address: 1515 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOLLIE H. HILL

DCCR

04/06/2009

Electronic Signature of Signing Officer or Director

Date