

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008980

FILED
Mar 10, 2009
Secretary of State

Entity Name: FSU COLLEGE OF MEDICINE CLASS OF 2010, INC.

Current Principal Place of Business:

1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Mailing Address:

FEI Number: 35-2279336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, HEIDI A
1115 WEST CALL STREET
TALLAHASSEE, FL 32306 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: MR. () Delete
Name: SOCHET, ANTHONY A
Address: 1115 W. CALL ST.
City-St-Zip: TALLAHASSEE, FL 32306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HEIDI A NEAL

MS.

03/10/2009

Electronic Signature of Signing Officer or Director

Date