

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011120

1. Entity Name

**THE FLORIDA STATE UNIVERSITY PERFORMING ARTS
CENTER FOUNDATION, INC.**



Principal Place of Business

**FLORIDA STATE UNIVERSITY
236 FINE ARTS BLDG
TALLAHASSEE, FL 32306**

Mailing Address

**FLORIDA STATE UNIVERSITY
236 FINE ARTS BLDG
TALLAHASSEE, FL 32306**



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEFFENS, BETTY
GENERAL COUNSEL
ROOM 424, WESTCOTT BUILDING
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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JIM
STREET ADDRESS	403 EAST PARK AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	WETHERELL, THOMAS K
STREET ADDRESS	FLORIDA STATE UNIVERSITY
CITY-ST-ZIP	TALLAHASSEE, FL 34243
TITLE	T
NAME	THORP, MARK
STREET ADDRESS	FLORIDA STATE UNIVERSITY, 206 FAB
CITY-ST-ZIP	TALLAHASSEE, FL 32306
TITLE	VCD
NAME	WISE, MARGARET
STREET ADDRESS	1233 HILLVIEW DRIVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	SD
NAME	LEAMING, GREG
STREET ADDRESS	5555 NORTH TAMiami TRAIL
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	CD
NAME	MCRORIE, SALLY
STREET ADDRESS	FLORIDA STATE UNIVERSITY, 236 FAB3
CITY-ST-ZIP	TALLAHASSEE, FL 323061170

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01/29/08-80079-004 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-08 850 644.5244