

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011120

FILED
Jan 08, 2010
Secretary of State

Entity Name: THE FLORIDA STATE UNIVERSITY PERFORMING ARTS CENTER FOUNDATION, INC.

Current Principal Place of Business:

FLORIDA STATE UNIVERSITY
236 FINE ARTS BLDG MAIL CODE 1170
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

FLORIDA STATE UNIVERSITY
236 FINE ARTS BLDG MAIL CODE 1170
TALLAHASSEE, FL 32306

New Mailing Address:

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

Name and Address of Current Registered Agent:

STEFFENS, BETTY
GENERAL COUNSEL
ROOM 424, WESTCOTT BUILDING
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
Name: SMITH, JIM
Address: 403 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: WETHERELL, THOMAS K
Address: FLORIDA STATE UNIVERSITY
City-St-Zip: TALLAHASSEE, FL 34243

Title: T
Name: THORP, MARK
Address: FLORIDA STATE UNIVERSITY, 206 FAB
City-St-Zip: TALLAHASSEE, FL 32306

Title: VCD
Name: WISE, MARGARET
Address: 1233 HILLVIEW DRIVE
City-St-Zip: SARASOTA, FL 34236

Title: SD
Name: LEAMING, GREG
Address: 5555 NORTH TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34243

Title: CD
Name: MCRORIE, SALLY
Address: FLORIDA STATE UNIVERSITY, 236 FAB3
City-St-Zip: TALLAHASSEE, FL 323061170

I hereby 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 all other like empowered.

SIGNATURE: SALLY MCRORIE

DR.

01/08/2010

Electronic Signature of Signing Officer or Director

Date