

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06825

FILED
Feb 10, 2009
Secretary of State

Entity Name: FSU FINANCIAL ASSISTANCE, INC.

Current Principal Place of Business:

UNIVERSITY CENTER SUITE C-5100
TALLAHASSEE, FL 32306 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1353
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-2477517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, ROBERT A
UNIVERSITY CENTER SUITE C-5100
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: P () Delete
Name: MILLER, ROBERT A
Address: POST OFFICE BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

Title: D () Delete
Name: LANGFORD, GEORGE
Address: P.O. BOX 2235
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: PARKER, WILLIAM
Address: 210 EAST LAKE DRIVE
City-St-Zip: TARPON SPRINGS, FL

Title: D () Delete
Name: CAMPS, JOE
Address: 1315 HODGES DRIVE
City-St-Zip: TALLAHASSEE, FL

Title: COO () Delete
Name: BEHNKE, MATTHEW
Address: POST OFFICE BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: CFO (X) Change () Addition
Name: BEHNKE, MATTHEW
Address: POST OFFICE BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302

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: MATTHEW P BEHNKE

CFO

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date