2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44908

Entity Name: WESLEY FOUNDATION, FSU, INC.

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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705 WEST JEFFERSON STREET TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

705 WEST JEFFERSON STREET TALLAHASSEE, FL 32304

FEI Number: 59-3092152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAINS, VANCE C REV. 705 WEST JEFFERSON STREET TALLAHASSEE, FL 32304 US

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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 FRITCHMAN, WILLIAM P
 Name:
 COOK, WAYNE REV

 Address:
 880 TAMARACK AVE
 Address:
 120 WEST PARK AVENUE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32301

Title: VP () Delete Title: S (X) Change () Addition Name: POST, STEVE MR. Name: HOLLADY, TANYA

Address: 7039 ALHAMBRA DR Address: 276 STARMOUNT DRIVE
City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: TALLAHASSEE, FL 32303

Title: S (X) Delete Title: () Change () Addition

 Name:
 HOLLADY, TANYA
 Name:

 Address:
 276 STARMOUNT DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

 Name:
 PARRISH, NORMA
 Name:
 HUGGINS, SALLY

 Address:
 2405 SAN PEDRO
 Address:
 1146 GREEN HILL TRACE

 City-St-Zip:
 TALAHASSEE, FL 32304
 City-St-Zip:
 TALAHASSEE, FL 32317

Title: D () Delete Title: () Change () Addition

 Name:
 VANCE, RAINS
 Name:

 Address:
 705 W. JEFFERSON STREET
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32304
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VANCE C. RAINS REV 05/02/2006