FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46609 (6)

1. Corporation Name

MICHAEL SCOTT SPEICHER MEMORIAL FOUNDATION FOR F LORIDA STATE UNIVERSITY, INC.

Principal Place of Business	Mailing Address
C/O MCKENZIE TANK LINES BOX 1200 TALLAHASSEE FL 32302	C/O MCKENZIE TANK LINES BOX 1200 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1991
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-3110928 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BOGE, SAMANTHA D.
2803 RABBIT HILL RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	MCKENZIE, W GUY JR	1.2 NAME		
STREET ADDRESS	122 APPLEYARD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	T	2.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	MCKENZIE, BRIGITTE	2.2 NAME		
STREET ADDRESS	1420 GOLF TERRACE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	SPEICHER, JOANNE	3.2 NAME		
STREET ADDRESS	3089 DOCTORS LAKE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32073	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	CUMMINGS, SAMANTHA	4.2 NAME		
STREET ADDRESS	2803 RABBIT HILL RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	Trustee	☐ Change ☒ Addition
NAME	GOIN, BOB DELETE	5.2 NAME	Cantey Higdon	
STREET ADDRESS	P.O. BOX 2195 N/A	5.3 STREET ADDRESS	221 North Street	
CITY-ST-ZIP	TALLAHASSEE FL 32316	5.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE		6.1 TITLE	Trustee	☐ Change ☒ Addition
NAME		6.2 NAME	Marilyn Higdon	
STREET ADDRESS		6.3 STREET ADDRESS	221 North Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Quincy, FL 32351	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Guy McKenzie, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002144

TRUSTEES
MICHAEL SCOTT SPEICHER MEMORIAL FOUNDATION
FOR FLORIDA STATE UNIVERSITY, INC.
2/23/95 Con't

Bob Burleson, Trustee
502 Bobbin Brook Lane
Tallahassee, FL 3231

Beverly Burleson, Trustee
502 Bobbin Brook Lane
Tallahassee, FL 32312

Louise Davenport, Trustee
Rt. 7, Box 361
Tallahassee, FL 32308

David A. Skup, Trustee
One Independent Drive
Jacksonville, FL 32276

Bob Clark, Trustee

1020 E. Lafayette
Tallahassee, FL 32301