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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

1999

DOCUMENT # N46609

1. Corporation Name

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

Principal Place of Business

1420 GOLF TERRACE  
TALLAHASSEE FL 32301

Mailing Address

1420 GOLF TERRACE  
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/27/1991

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TR  
NAME MCKENZIE, W GUY JR  
STREET ADDRESS 122 APPELYARD DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TR  
NAME MCKENZIE, BRIGITTE  
STREET ADDRESS 1420 GOLF TERRACE DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TR  
NAME SPEICHER, JOANNE  
STREET ADDRESS 3089 DOCTORS LAKE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TR  
NAME CUMMINGS, SAMANTHA  
STREET ADDRESS 2803 RABBIT HILL RD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TR  
NAME HIGDON, CANTEY  
STREET ADDRESS 221 NORTH STREET  
CITY-ST-ZIP QUINCY FL

TITLE TR  
NAME HIGDON, MARILYN  
STREET ADDRESS 221 NORTH STREET  
CITY-ST-ZIP QUINCY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-2246743  
Bryette J. McKenzie Jan 26, 99

CR2E037 (11/98)