2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N49750

Entity Name: FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS ASSOCIATION, INC.

Current Principal Place of Business:

212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

New Mailing Address:

FEI Number: 59-3153341 **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:

ABELE, LAWRENCE
212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
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:	CD	( ) Delete
Name:	ABELE, LAWRENCE	
Address:	212 WESTCOTT BLDG	
City-St-Zip:	TALLAHASSEE, FL 323061310	
Title:	D	( ) Delete
Name:	CECI, MICHELE E	
Address:	A5500 UNIVERSITY CENTER	
City-St-Zip:	TALLAHASSEE, FL 323064242	
Title:	TD	( ) Delete
Name:	PITTS, JAMES E	
Address:	A5500 UNIVERSITY CENTER	
City-St-Zip:	TALLAHASSEE, FL 323062420	
Title:	SD	( ) Delete
Name:	CARNAGHI, JOHN R	
Address:	214 WESTCOTT BLDG	
City-St-Zip:	TALLAHASSEE, FL 323061320	
Title:	D	( ) Delete
Name:	WETHERELL, VIRGINIA	
Address:	P.O. BOX 37	
City-St-Zip:	LAMONT, FL 32336	
Title:	D	( ) Delete
Name:	DAHL, JAMES	
Address:	502 BOBBIN BROOK LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES E. PITTS TD 05/06/2005

Electronic Signature of Signing Officer or Director — Date