

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90284 031 ****61.25

DOCUMENT # N49750

1. Entity Name
**FLORIDA STATE UNIVERSITY INTERNATIONAL
PROGRAMS ASSOCIATION, INC.**



Principal Place of Business
**212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306**

Mailing Address
**212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306**

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3153341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABELE, LAWRENCE
212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME ABELE, LAWRENCE
STREET ADDRESS 212 WESTCOTT BLDG
CITY-ST-ZIP TALLAHASSEE, FL 323061310

TITLE D ☐ Delete
NAME CECI, MICHELE E
STREET ADDRESS A5500 UNIVERSITY CENTER
CITY-ST-ZIP TALLAHASSEE, FL 323064242

TITLE TD ☐ Delete
NAME PITTS, JAMES E
STREET ADDRESS A5500 UNIVERSITY CENTER
CITY-ST-ZIP TALLAHASSEE, FL 323062420

TITLE SD ☐ Delete
NAME CARNAGHI, JOHN R
STREET ADDRESS 214 WESTCOTT BLDG
CITY-ST-ZIP TALLAHASSEE, FL 323061320

TITLE D ☐ Delete
NAME WETHERELL, VIRGINIA
STREET ADDRESS P.O. BOX 37
CITY-ST-ZIP LAMONT, FL 32336

TITLE D ☐ Delete
NAME DAHL, JAMES
STREET ADDRESS 502 BOBBIN BROOK LANE
CITY-ST-ZIP TALLAHASSEE, FL 32312

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Hart, Carol Lees
STREET ADDRESS 706 North Ride
CITY-ST-ZIP Tallahassee, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Pitts

4-10-06

Date

850-644-0538

Daytime Phone #