

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90007 016 ****70.00

DOCUMENT # N49750

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



Principal Place of Business
**212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306-1310**

Mailing Address
**212 WESTCOTT BUILDING
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306-1310**

40048735



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03122007 Chg-NP CR2E037 (12/06)

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 32306-1310**

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, 2007**

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 **Carol Lees Hart**
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 D ☒ Change ☐ Addition
NAME **Wetherell, Virginia**
STREET ADDRESS **A5500 University Center**
CITY-ST-ZIP **Tallahassee, FL 32306-2420**

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:

James E. Pitts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

Florida State University
International Programs Association, Inc.
Board Members 2006-2007

40048735
#N49750

CD

Lawrence Abele
212 Westcott
Tallahassee, FL 32306-1310

SD

John Carnaghi
214 Westcott
Tallahassee, FL 32306-1320

D

Michele Ceci
A5500 University Center
Tallahassee, FL 32306-2420

D

Jim Dahl
502 Bobbin Brook Lane
Tallahassee, FL 32312

D

Carol Lees Hart
706 North Ride
Tallahassee, FL 32303

TD

Jim Pitts
A5500 University Center
Tallahassee, FL 32306-2420

D

Virginia Wetherell
~~P.O. Box 37~~ A5500 University Center
~~Lamont, FL 32336~~ Tallahassee, FL 32306-2420

P – President; V- Vice President; T – Treasurer; S- Secretary; D – Director; C – Chairman;
M – Managing Director.