

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003659

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** THE FLORIDA COLLEGE SYSTEM FOUNDATION, INC.

**Current Principal Place of Business:**

325 WEST GAINES STREET - SUITE 1548  
TALLAHASSEE, FL 32399

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10503  
TALLAHASSEE, FL 323020503

**New Mailing Address:**

**FEI Number:** 65-0530384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, JUDY  
325 WEST GAINES STREET - SUITE 1548  
TALLAHASSEE, FL 32399 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: C  
Name: TURNBULL, MARJORIE  
Address: 3513 EAST LAKESHORE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VC  
Name: CATHERINE, KELLY  
Address: 25 27TH AVENUE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32250

Title: PC  
Name: BELTON, C. RONALD  
Address: 1301 RIVERPLACE BLVD. SUITE 2130  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PRES  
Name: GREEN, JUDY  
Address: 325 WEST GAINES STREET  
City-St-Zip: TALLAHASSEE, FL 32399

I hereby 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 all other like empowered.

SIGNATURE: JUDY GREEN

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date