

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700348

Entity Name: THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.**Current Principal Place of Business:**2010 LEVY AVE
BLDG B, SUITE 300
TALLAHASSEE, FL 32310**Current Mailing Address:**2010 LEVY AVE
BLDG B, SUITE 300
TALLAHASSEE, FL 32310 US**FEI Number:** 59-6152180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JHANJI, ANDY A
2010 LEVY AVE
BLDG B, STE 300
TALLAHASSEE, FL 32310 US*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**Officer/Director Detail :**

Title	ASST. TREASURER
Name	NEWELL, HOLLY
Address	2010 LEVY AVE BLDG B, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32310

Title	SECRETARY
Name	HOLD, WILLIAM T
Address	2010 LEVY AVE BLDG B, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32310

Title	CHAIRMAN
Name	THIEL, JOHN W
Address	2010 LEVY AVE BLDG B, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32310

Title	TREASURER
Name	GONZALEZ, RALPH R
Address	2010 LEVY AVE BLDG B, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32310

Title	PRESIDENT
Name	JENNINGS, THOMAS W
Address	214 WESTCOTT BLDG
City-State-Zip:	TALLAHASSEE FL 32306

Title	ASST. SECRETARY
Name	CROWLEY, PATRICK J
Address	2010 LEVY AVE BLDG B, SUITE 300
City-State-Zip:	TALLAHASSEE FL 32310

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: THOMAS W JENNINGS**PRESIDENT****02/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date