

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700348

Entity Name: THE FLORIDA STATE UNIVERSITY FOUNDATION, INC.**Current Principal Place of Business:**325 W COLLEGE AVENUE
TALLAHASSEE, FL 32301**Current Mailing Address:**325 W COLLEGE AVENUE
TALLAHASSEE, FL 32301 US**FEI Number:** 59-6152180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JHANJI, ANDY A
325 W COLLEGE AVENUE
TALLAHASSEE, FL 32301 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	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	LYNCH, CRAIG T
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	CHAIRMAN
Name	MCKAY , NANCY
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	POLAND , MICHAEL C
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	VACANT
Address	214 WESTCOTT BLDG
City-State-Zip:	TALLAHASSEE FL 32306

Title	ASST. SECRETARY
Name	BLOCK , TOM
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	EXECUTIVE VICE PRESIDENT
Name	JHANJI, ANDY A
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	CHAIR ELECT
Name	IANSITI, CHRISTOPHER
Address	325 W COLLEGE AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

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: ANDY J. JHANJI**EXECUTIVE VICE
PRESIDENT****01/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date