

2025 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:

VICKERS, MARLA
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: MARLA VICKERS

01/31/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. TREASURER
Name CARRIGAN, JOHN
Address 325 W COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name BROWN, YVONNE
Address 325 W COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

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

Title TREASURER
Name BARTELMO, THOMAS
Address 325 W COLLEGE AVENUE
City-State-Zip: TALLAHASSEE FL 32301

Title PRESIDENT
Name VICKERS, MARLA
Address 214 WESTCOTT BLDG
City-State-Zip: TALLAHASSEE FL 32306

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

Title CHAIR ELECT
Name VACANT, VACANT
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: MARLA VICKERS

PRESIDENT

01/31/2025

Electronic Signature of Signing Officer/Director Detail

Date