

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49750

**Entity Name:** FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS ASSOCIATION, INC.**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC6218653085****Current Principal Place of Business:**282 CHAMPIONS WAY  
A5500 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306-2420**Current Mailing Address:**282 CHAMPIONS WAY  
A5500 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306-2420**FEI Number: 59-3153341****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PITTS, JAMES E  
282 CHAMPIONS WAY  
A5500 UNIVERSITY CENTER  
TALLAHASSEE, FL 32306-2420 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 D  
Name CECI, MICHELE E  
Address A5500 UNIVERSITY CENTER  
City-State-Zip: TALLAHASSEE FL 32306-2420Title CD  
Name THRASHER, JOHN  
Address 1000 WEST TENNESSEE ST.  
City-State-Zip: TALLAHASSEE FL 32306Title DIRECTOR  
Name KIRBY, DAVID  
Address 420 WILLIAMS BUILDING  
FLORIDA STATE UNIVERSITY  
City-State-Zip: TALLAHASSEE FL 32306-1580Title DIRECTOR  
Name OHLIN, JANE  
Address UCB 4103  
288 CHAMPIONS WAY  
City-State-Zip: TALLAHASSEE FL 32306-2541Title TD  
Name PITTS, JAMES E  
Address A5500 UNIVERSITY CENTER  
City-State-Zip: TALLAHASSEE FL 32306-2420Title DIRECTOR  
Name COUTTS, CHRISTOPHER  
Address 330 BELLAMY BUILDING  
113 COLLEGIATE LOOP  
City-State-Zip: TALLAHASSEE FL 32306-2280Title DIRECTOR  
Name MCRORIE, SALLY  
Address 211 WESTCOTT  
FLORIDA STATE UNIVERSITY  
City-State-Zip: TALLAHASSEE FL 32306-1480Title DIRECTOR  
Name RASMUSSEN, DAVID  
Address 160 BELLAMY BUILDING  
113 COLLEGIATE LOOP  
City-State-Zip: TALLAHASSEE FL 32306-2160**Continues on page 2**

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: JAMES PITTS****DIRECTOR AND  
TREASURER****03/10/2015**

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WISE, SHERWOOD  
Address 221 CARRAWAY  
City-State-Zip: TALLAHASSEE FL 32306-4520

Title DIRECTOR  
Name COTTRELL, STELLA  
Address 282 CHAMPIONS WAY  
A5500 UNIVERSITY CENTER  
City-State-Zip: TALLAHASSEE FL 32306-2420

Title DIRECTOR  
Name CLOSE, BILLY  
Address 319 HECHT HOUSE  
634 W. CALL STREET  
City-State-Zip: TALLAHASSEE FL 32306-1127

Title DIRECTOR  
Name JOANOS, BETTY LOU  
Address 282 CHAMPIONS WAY  
A5500 UNIVERSITY CENTER  
City-State-Zip: TALLAHASSEE FL 32306-2420