2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06000002135

1. Entity Name



FILED

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90435 007 ****70.00

FLORIDA	A CLASSIC CONSOR	TIUM CORP	ORATION							
Principal Place of Business FLORIDA A & M UNIVERSITY 400 LEE HALL TALLAHASSEE, FL 32307		FL0 40 0	Mailing Address FLORIDA A & M UNIVERSITY 400 LEE HALL TALLAHASSEE, FL 32307			40090370				
2. Principal Place of Business - No P.O. Box #		ox # 3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.			04272007	Chg-NP	CR2E03	7 (12/06)	
City & State		C	City & State			4. FEI Number 51 - 05	72825			pplied For
Zip	Country	Z	ip	Country			of Status Desired		8.75 Add	ditional
	6. Name and Address of	f Current Register	red Agent			7. Name and A	Address of New F		•	
			Nar	ne			· · · · ·		*****	
MCBRIDE, ELIZABETH T ESQ FLORIDA A & M UNIVERSITY					Street Address (P.O. Box Number is Not Acceptable)					
300 LEE F	SSEE, FL 32307									
				City				FL	Zip Cod	le
8. The above	e named entity submits this stations of registered agent.	tement for the pur	pose of changing its	registered offi	ce or registe	ered agent, or both	n, in the State of Fl		 amiliar with,	, and accept
uio obliga	aons or regionated agent.									
SIGNATURE										
SIGNATURE	Signature, typed or printed name of regi	istered agent and title if a	opticable. (NOTE	: Registered Agent	signature require	ed when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of regions Filling Fee is \$61.25 Due by May 1, 2007	istered agent and title if a	9. Election Carr Trust Fund C	npaign Financi		\$5.00 May Be Added to Fees		DATE Nake check rida Departi		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS	istered agent and title it a	9. Election Carr Trust Fund C	npaign Financi	ng 🗆	\$5.00 мау Ве	Flor	lake check rida Departi	ment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATTACHMENT 40090370 #NO 6000002135
Addition

Addition

1. McBride, Elizabeth T. Florida A & M University 300 Lee Hall Tallahassee, FL 32307