


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

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

DOCUMENT # N06000002135					
1. Entity Name FLORIDA CLASSIC CONSORTIUM CORPORATION					
Principal Place of Business FLORIDA A & M UNIVERSITY 400 LEE HALL TALLAHASSEE, FL 32307		Mailing Address FLORIDA A & M UNIVERSITY 400 LEE HALL TALLAHASSEE, FL 32307			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0572825	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCBRIDE, ELIZABETH T ESQ FLORIDA A & M UNIVERSITY 300 LEE HALL TALLAHASSEE, FL 32307			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BRYANT, CASTELL V DR	NAME	James, Patricia H.		
STREET ADDRESS	FLORIDA A & M UNIVERSITY - 400 LEE HALL	STREET ADDRESS	640 Dr. Mary McLeod Bethune Blvd.		
CITY-ST-ZIP	TALLAHASSEE, FL 32307	CITY-ST-ZIP	Daytona Beach, FL 32114		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, TRUDIE K DR	NAME	Manning, Altha F.		
STREET ADDRESS	% 640 DR MARY MCLEOD BETHUNE BLVD	STREET ADDRESS	Florida A & M University-100 Lee Hall		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP	Tallahassee, FL 32307		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TOWNSEND, NELSON	NAME	Mongal, Jacqueline T.		
STREET ADDRESS	FLORIDA A & M UNIVERSITY-1500 WAHNSH WAY	STREET ADDRESS	826 N. Kettle Circle		
CITY-ST-ZIP	TALLAHASSEE, FL 32307	CITY-ST-ZIP	Daytona Beach, FL 32114		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMPSON, LYNN	NAME	Shackelford, Ray A.		
STREET ADDRESS	640 DR MARY MCLEOD BETHUNE BLVD	STREET ADDRESS	640 Dr. Mary McLeod Bethune Blvd.		
CITY-ST-ZIP	DAYTON BEACH, FL 32114	CITY-ST-ZIP	Daytona Beach, FL 32114		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNN, GERALD	NAME	Ali, Dr. Grace		
STREET ADDRESS	FLORIDA A & M - 304 FOOTE-HILYER ADMIN BLD	STREET ADDRESS	FAMU-304 Foote-Hilyer Admin. Center		
CITY-ST-ZIP	TALLAHASSEE, FL 32307	CITY-ST-ZIP	Tallahassee, FL 32307		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MONTGOMERY, E. DEAN	NAME	Hicks, Doris		
STREET ADDRESS	640 DR MARY MCLEOD BETHUNE BLVD	STREET ADDRESS	2191 Longleaf Circle, Lakeland, FL 33810		
CITY-ST-ZIP	DAYTON BEACH, FL 32114	CITY-ST-ZIP			
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: <i>Elizabeth T. McBride</i>		Date: <i>04/27/07</i>		Daytime Phone #: <i>(850) 599-3591</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40090370

N86000002135

Additional Directors/Officers

Addition

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