

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 AVERY D. MCKNIGHT, ESQUIRE	
			Street Address (P.O. Box Number is Not Acceptable) FLORIDA A&M UNIVERSITY	
			300 LEE HALL	
			City TALLAHASSEE	FL Zip Code 32307
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 <i>Avery D. McKnight</i>			000135285260 09/03/08--01013--021 **70.00 05/01/08	
SIGNATURE			DATE	
Filing Fee is \$61.25 Due by May 1, 2008			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 checked="" type="checkbox"/> Delete	TITLE	D CO-CHAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYANT, CASTELL V DR		NAME	AMMONS, JAMES H.
STREET ADDRESS	FLORIDA A & M UNIVERSITY - 400 LEE HALL		STREET ADDRESS	FLORIDA A&M UNIVERSITY-400 LEE HALL
CITY-ST-ZIP	TALLAHASSEE, FL 32307		CITY-ST-ZIP	TALLAHASSEE, FL 32307
TITLE	D CO-CHAIR <input type="checkbox"/> Delete		TITLE	D -TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, TRUDIE K DR		NAME	HARDEE, TERESA
STREET ADDRESS	% 640 DR MARY MCLEOD BETHUNE BLVD		STREET ADDRESS	FLORIDA A&M UNIVERSITY-304 FH ADMIN BLDG
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	TALLAHASSEE, FL 32307
TITLE	D <input checked="" 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. KOTTLE CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32307		CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D <input type="checkbox"/> Delete		TITLE	D- SECRETARY <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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, PATRICIA H		NAME	HAMLET, TAMMY
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD		STREET ADDRESS	FLORIDA A&M UNIVERSITY-1810 S. ADAMS STREET
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	MONTGOMERY, E. DEAN		NAME	HICKS, DORIS
STREET ADDRESS	640 DR MARY MCLEOD BETHUNE BLVD		STREET ADDRESS	2191 LONGLEAF CIRCLE
CITY-ST-ZIP	DAYTON BEACH, FL 32114		CITY-ST-ZIP	LAKELAND, FL 33810
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>Avery D. McKnight</i>			05/01/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #	

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