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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32026** **(9)**

1. Corporation Name

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (FAMU) NATIONAL RATTLER "F" CLUB, INCORPORATED

Principal Place of Business	Mailing Address
2402 TRESCOTT DRIVE TALLAHASSEE FL 32312	2402 TRESCOTT DRIVE TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: **05/01/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-3134686** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DURHAM, MARCELLAS
2402 TRESCOTT DRIVE
TALLAHASSEE FL 32312

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 800001796978
-04/26/96--01095--011

84 City *****70.00 FL Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	HOUSTON, PURCELL		1.2 NAME		
STREET ADDRESS	2584 NW 4TH AVENUE		1.3 STREET ADDRESS	SAME 1500 NW 4th Avenue	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	POMPANO Beach, FL	
TITLE	V	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	DURHAM, MARCELLAS		2.2 NAME		
STREET ADDRESS	2402 TRESCOTT DRIVE		2.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	MURRAY, WILLIS		3.2 NAME		
STREET ADDRESS	5244 NW 192ND LANE		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	OPA LOCKA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	S	☐ Change ☑ Addition
NAME	FLOYD, VERNON		4.2 NAME	JENKINS, WHITFIELD	
STREET ADDRESS	1611 AVENUE S.		4.3 STREET ADDRESS	2200 NW 24th Rd	
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP	OCALA, FL.	
TITLE	D	☐ DELETE	5.1 TITLE	V	☐ Change ☑ Addition
NAME	JOHNSON, JIMMIE		5.2 NAME	MASON, OTIS	
STREET ADDRESS	4359 HOMER RD.		5.3 STREET ADDRESS	13 Christopher St	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	ST Augustine, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MARSHALL, SAMUEL T.		6.2 NAME		
STREET ADDRESS	901 S. MANGONIA CIR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

RSD 4/26/96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcellas Durham — April 26, 1996 — (904)487-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #