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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003675 (3)
1. Corporation Name
FLORIDA FUND FOR MINORITY TEACHERS, INC.



Principal Place of Business: 140 NORMAN HALL, UNIVERSITY OF FLORIDA, GAINESVILLE FL 32611
Mailing Address: 140 NORMAN HALL, UNIVERSITY OF FLORIDA, GAINESVILLE FL 32611-2053

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/11/1996	3a. Date of Last Report
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-3391795	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LANGLOIS, DEBRA 100 NORMAN HALL UNIVERSITY OF FLORIDA GAINESVILLE FL 32611	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. 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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <i>Chairman of the Board</i>	<input type="checkbox"/> DELETE	1.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCDAVIS, RODERICK J		1.2 NAME Kirkpatrick, Catherine	
STREET ADDRESS 140 NORMAN HALL, U OF F		1.3 STREET ADDRESS DTC 3, PO Box 3028 Valencia CC	
CITY - ST - ZIP GAINESVILLE FL 32611		1.4 CITY - ST - ZIP Orlando, FL 32802	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AUSTIN, DEBORAH		2.2 NAME Lipton, Elaine	
STREET ADDRESS T C C, 444 APLEYARD DRIVE		2.3 STREET ADDRESS 11300 N.E. 2nd AVE BARRY Univ	
CITY - ST - ZIP TALLAHASSEE FL 32304		2.4 CITY - ST - ZIP Miami Shores, FL 33161	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BILBAO, MARIA		3.2 NAME Gonzalez, Gerardo	
STREET ADDRESS COLLEGE OF EDUC., FL INT UNIV., UNIV. PARK		3.3 STREET ADDRESS PO Box 117040	
CITY - ST - ZIP MIAMI FL 33199		3.4 CITY - ST - ZIP Gainesville, FL 32611	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOLDEN, SAM		4.2 NAME Langlois, Debra	
STREET ADDRESS UNIV. OF W. FL., 11000 UNIVERSITY PKWY.		4.3 STREET ADDRESS PO Box 117041	
CITY - ST - ZIP PENSACOLA FL 32514		4.4 CITY - ST - ZIP Gainesville, FL 32611	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DETURE, LINDA		5.2 NAME	
STREET ADDRESS ROLLINS COLLEGE, 1000 HOLT AVENUE		5.3 STREET ADDRESS	
CITY - ST - ZIP WINTER PARK FL 32789		5.4 CITY - ST - ZIP	
TITLE D <i>Treasurer</i>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELAM, MICHAEL		6.2 NAME	
STREET ADDRESS FL. CC AT JACKSONVILLE, 501 W STATE ST.		6.3 STREET ADDRESS	
CITY - ST - ZIP JACKSONVILLE FL 32202		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Roderick J. McDavis* 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)