


FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 037 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003675
 1. Entity Name
FLORIDA FUND FOR MINORITY TEACHERS, INC.



Principal Place of Business
**G415 NORMAN HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE, FL 32611-7045**

Mailing Address
**P.O. BOX 117045
 GAINESVILLE, FL 32611-7045**

94068014



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-3391795

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**BOWIE, MICHAEL V
 G415 NORMAN HALL
 UNIVERSITY OF FLORIDA
 GAINESVILLE, FL 32611**

7. Name and Address of New Registered Agent
 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 Michael V. Bowie DATE Feb. 16, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD LIFTIN, ELAINE 19441 NORTHEAST 19 AVENUE NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUM, RUTH 3400 GULF TO BAY BOULEVARD CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POOLE, EUGENE A 12500 NW 97TH PLACE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDEN, SAMUEL 3431 OAKMONT DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CHARLES 12 GULF VIEW CIRCLE NE WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSE, KENNETH R 3301 COLLEGE AVE. MAILMAN HWOOD 3 FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: Michael V. Bowie Date 2/16/04 352-392-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment

#N96000003675

Title: D
Dr. Maria Bilbao
Florida International University
229 University Park
Miami, FL 33199

Title: D
Mrs. Fritzlaine Powell
University of Central Florida
College of Education, Ste. 149
Orlando, FL 32816

Title: D
Dr. Elaine Liftin
Barry University
c/o 16705 Sapphire Springs
Weston, FL 33331

Title: D
Dr. Ruth Strum
Financial Aid Office
3400 Gulf-to-Bay Blvd.
Clearwater, FL 33769

Title: D
Mr. Edwin Norris
Education Department
PO Box 2858
Ocala, FL 34472

Title: D
Mr. Eugene A. Poole
12500 Northwest 97th Place
Ocala, FL 34482

Title: D
Dr. Kenneth R. Dose
3301 College Ave., Mailman
Hollywood 3
Ft. Lauderdale, FL 33314

Title: D
Dr. Samuel Bolden
University of West Florida
3431-Oakmont-Drive
Pensacola, FL 32503

Title: D
Dr. Linda DeTure
1000 Holt Avenue
Box 2726
Winter Park, FL 32769

Title: D
Dr. Eneida Pugh
Valdosta State University
Route 3, Box 488
Madison, FL 32340

Title: T/D
Dr. Henri S. Bynum
4261 SW 5th Place
Vero Beach, FL 32968

Title: D
Mr. Gary Lewis
5269 Harborside Drive
Tampa, FL 33615

Title: D
Mr. Ulysses Gilbert
420 SE Alvarez Avenue
Ocala, FL 34471

Title: C/D
Dr. Catherine Emihovich
UF College of Education
140 Norman Hall
Gainesville, FL 32611