


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90049 044 ****61.25

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**

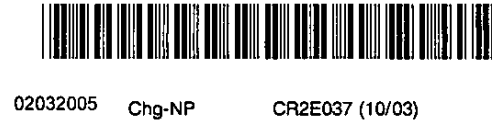
Mailing Address
**P.O. BOX 117045
 GAINESVILLE, FL 32611-7045**

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

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

City & State

Zip Country



4. FEI Number
59-3391795

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **VD** Delete
 NAME **LIFTIN, ELAINE**
 STREET ADDRESS **19441 NORTHEAST 19 AVENUE**
 CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **D** Change Addition
 NAME **AGRAWAL, PIYUSH**
 STREET ADDRESS **1625 EAGLE BEND**
 CITY-ST-ZIP **WESTON, FL 33327**

TITLE **D** Delete
 NAME **STRUM, RUTH**
 STREET ADDRESS **3400 GULF TO BAY BOULEVARD**
 CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **D** Change Addition
 NAME **BROWN, CARMEN**
 STREET ADDRESS **15335 OLD CUTLER ROAD**
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** Delete
 NAME **POOLE, EUGENE A**
 STREET ADDRESS **12500 NW 97TH PLACE**
 CITY-ST-ZIP **OCALA, FL 34482**

TITLE **D** Change Addition
 NAME **CARRIGHT, EVELYN**
 STREET ADDRESS **1040 W 110TH LANE**
 CITY-ST-ZIP **DAVIE, FL 33324**

TITLE **D** Delete
 NAME **BOLDEN, SAMUEL**
 STREET ADDRESS **3431 OAKMONT DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE **D** Change Addition
 NAME **CARVALHO, ALBERTO**
 STREET ADDRESS **1450 NE 2ND AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33132**

TITLE **D** Delete
 NAME **DOSE, KENNETH R**
 STREET ADDRESS **3301 COLLEGE AVE. MAILMAN HWOOD 3**
 CITY-ST-ZIP **FT LAUDERDALE, FL**

TITLE **D** Change Addition
 NAME **HARDY-BLAKE, BRENEDETTE**
 STREET ADDRESS **400 EAST LAKE MARY BLVD**
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **HOGANS, LINDA**
 STREET ADDRESS **6605 5TH AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33233**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **2/4/05** **(352) 392-9196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

4006307

#N96000003675

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCASTER, LANCE
STREET ADDRESS	3501 SW DAVIE RD, BLDG 19-116
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, KIM
STREET ADDRESS	6205 WILSHIRE PINES CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNOZ, GERMAN
STREET ADDRESS	300 NE 2ND AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORZIO, AMY
STREET ADDRESS	14723 SW 111TH TERRACE
CITY-ST-ZIP	MAIMI, FL 33196
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, FRITZLAINE
STREET ADDRESS	2685 SUGAR PINE RUN
CITY-ST-ZIP	QVIEDO, FL 32765
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROIG, GUSTAVO
STREET ADDRESS	90 EDGEWATER #424
CITY-ST-ZIP	CORAL GABLES, FL 33233
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT II, ULYSEES
STREET ADDRESS	420 SE ALVAREZ AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, EDWIN
STREET ADDRESS	611 BAHIA CIRCLE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMHOVICH, CATHERINE
STREET ADDRESS	G415 NORMAN HALL
CITY-ST-ZIP	GAINESVILLE, FL 36211
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	