


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90093 037 \*\*\*\*61.25

<b>DOCUMENT # N96000003675</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3391795	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOWIE, MICHAEL V G415 NORMAN HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611			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, 2006		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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIFTIN, ELAINE	NAME			
STREET ADDRESS	19441 NORTHEAST 19 AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STRUM, RUTH	NAME			
STREET ADDRESS	3400 GULF TO BAY BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AGRAWAL, PIYUSH	NAME			
STREET ADDRESS	1625 EAGLE BEND	STREET ADDRESS			
CITY-ST-ZIP	WESTON, FL 33327	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, CARMEN	NAME			
STREET ADDRESS	15335 OLD CUTLER ROAD	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOSE, KENNETH R	NAME			
STREET ADDRESS	3301 COLLEGE AVE. MAILMAN HWOOD 3	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARVALHO, ALBERTO	NAME			
STREET ADDRESS	1450 NE 2ND AVENUE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33132	CITY-ST-ZIP			
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>Michael V. Bowie</i>		Date: <i>3/13/06</i>		Daytime Phone #: <i>(352) 392-9196</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

# ATTACHMENT 40031738

Addendum to Include Unlisted Directors in Box 10 of Corporate Filing Document #N96 00000 3675

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	OVIEDO, 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 checked="" 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 checked="" type="checkbox"/> Addition
NAME	NORRIS, EDWIN
STREET ADDRESS	611 BAHIA CIRCLE
CITY-ST-ZIP	OCALA, FL 34472
TITLE	CD <input type="checkbox"/> Change <input checked="" 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	