


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90055 021 ****61.25

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|---|---|
| DOCUMENT # N96000003675 1. Entity Name FLORIDA FUND FOR MINORITY TEACHERS, INC. |  |
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|--|--|
| Principal Place of Business G415 NORMAN HALL UNIVERSITY OF FLORIDA GAINESVILLE, FL 32611-7045 | Mailing Address P.O. BOX 117045 GAINESVILLE, FL 32611-7045 |
|--|--|

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3391795 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------------|
| TITLE | VD |
| NAME | LIFTIN, ELAINE |
| STREET ADDRESS | 19441 NORTHEAST 19 AVENUE |
| CITY-ST-ZIP | NORTH MIAMI BEACH, FL 33179 |
| TITLE | D |
| NAME | STRUM, RUTH |
| STREET ADDRESS | 3400 GULF TO BAY BOULEVARD |
| CITY-ST-ZIP | CLEARWATER, FL 33759 |
| TITLE | D |
| NAME | AGRAWAL, PIYUSH |
| STREET ADDRESS | 1625 EAGLE BEND |
| CITY-ST-ZIP | WESTON, FL 33327 |
| TITLE | D |
| NAME | BROWN, CARMEN |
| STREET ADDRESS | 15335 OLD CUTLER ROAD |
| CITY-ST-ZIP | MIAMI, FL 33157 |
| TITLE | D |
| NAME | DOSE, KENNETH R |
| STREET ADDRESS | 3301 COLLEGE AVE. MAILMAN HWOOD 3 |
| CITY-ST-ZIP | FT LAUDERDALE, FL |
| TITLE | D |
| NAME | CARVALHO, ALBERTO |
| STREET ADDRESS | 1450 NE 2ND AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33132 |

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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: *Michael V. Bowie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07 (352)392-9196
Date Daytime Phone #

ATTACHMENT
10002356
 N96060003675

Addendum to Include Unlisted Directors in Box 10 of Corporate Filing Document

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANCASTER, LANCE 3501 SW DAVIE RD, BLDG 19-116 FT. LAUDERDALE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDY-BLAKE, BRENEDETTE 400 E LAKE MARY BLVD SANFORD, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUNOZ, GERMAN 300 NE 2ND AVE MIAMI, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PORZIO, AMY 14723 SW 111TH TERRACE MAIMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D POWELL, FRITZLAINE 2685 SUGAR PINE RUN OVIDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROIG, GUSTAVO 90 EDGEWATER #424 CORAL GABLES, FL 33233 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILBERT II, ULYSEES 420 SE ALVAREZ AVENUE OCALA, FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NORRIS, EDWIN 611 BAHIA CIRCLE OCALA, FL 34472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD EMIHOVICH, CATHERINE G415 NORMAN HALL GAINESVILLE, FL 36211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTRIGHT, EVELYN 1040 SW 110TH LANE DAVIE, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOGANS, LINDA 6605 5TH AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |