

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003675

FILED
Mar 02, 2009
Secretary of State

Entity Name: FLORIDA FUND FOR MINORITY TEACHERS, INC.

Current Principal Place of Business:

G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 326117045

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 117045
GAINESVILLE, FL 326117045

New Mailing Address:

FEI Number: 59-3391795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWIE, MICHAEL V
G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: EMIHOVICH, CATHERINE
Address: UNIV OF FLA, 140 NORMAN HALL
City-St-Zip: GAINESVILLE, FL 32611

Title: D () Delete
Name: PORZIO, AMY
Address: 14723 SW 111 TERR
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: POWELL, FRITZLAINE
Address: 2685 SUGAR PINE RUN
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: ST PATRICK-BELL, DENISE
Address: PO BOX 57
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: WILLIAMS, IANA
Address: 1658 KINGS RD
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CARVALHO, ALBERTO
Address: 1450 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AGRAWAL, PIYUSH
Address: 1625 EAGLE BEND
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL V BOWIE

M

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date