


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90063 028 \*\*\*\*61.25

**DOCUMENT # N96000003675**

1. Entity Name  
**FLORIDA FUND FOR MINORITY TEACHERS, INC.**



Principal Place of Business      Mailing Address

**100 NORMAN HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611-7045**

**P.O. BOX 117045  
GAINESVILLE FL 32611-7045**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

**University of Florida**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**G415 Norman Hall**

City & State      City & State

**Gainesville, FL**

Zip      Country      Zip      Country

**32611-7045**

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  
100 NORMAN HALL  
UNIVERSITY OF FLORIDA  
GAINESVILLE FL 32611**

7. Name and Address of New Registered Agent

Name  
**Bowie, Michael V.**

Street Address (P.O. Box Number is Not Acceptable)  
**G415 Norman Hall**

City  
**University of Florida**

City      State      Zip Code  
**Gainesville      FL      32611**

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, Michael V. Bowie, Executive Director*      DATE **4/18/03**

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

**FILE NOW: FEE IS \$61.25**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| 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    |                                                                   |
| 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    |                                                                   |

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, Michael V. Bowie*      DATE: **4/18/03**      **352-392 9190**

CR2E037 (10/02)

ATTACHMENT

BOARD OF DIRECTORS

NG600000 3675  
11006423

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

Title: D  
Dr. Sandra Robinson  
University of Central Florida  
Post Office Box 161992  
Orlando, FL 32816-1992

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

Title: S/D  
Mrs. Ruth Strum  
Clearwater Christian College  
3400 Gulf-to-Bay  
Clearwater, FL 33769

Title: D  
Mr. Edwin Norris  
St. Leo University  
611 Bahia Circle  
Ocala, FL 34472

Title: D  
Dr. Melvin Gadson  
Florida A&M University  
300A Gore Education Center  
Tallahassee, FL 32307

Title: D  
Dr. Samuel Bolden  
University of West Florida  
343 1/2 Oakmont Drive  
Pensacola, FL 32503

Title: D  
Dr. Linda DeTure  
Rollins College  
Box 2726  
Winter Park, FL 32769

Title: D  
Dr. Kenneth R. Dose  
Nova Southeastern University  
3301 College Ave., Mailman Hollywood 3  
Ft. Lauderdale, FL 3331

Title: D  
Mr. Charles Richardson  
Polk Community College  
12 Golf View Circle, Northeast  
Winter Haven, FL 33881

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

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

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

Title: D  
Mr. Braulio Saenz  
Miami-Dade Community  
College  
18925 SW 128th Court  
Miami, FL 33177

Title: D  
Mr. Gary Lewis  
Educational Development  
101 East Stuart Avenue  
Lake Wales, FL 33853

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

Title: D  
Lynn Sullivan  
Santa Fe Community College  
R-201  
3000 NW 83<sup>rd</sup> Street  
Gainesville, FL 32606

Title: C/D  
Dr. Catherine Emihovich  
University of Florida  
P.O. Box 117040  
Gainesville, FL 32611