FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736300** **(5)**

1. Corporation Name

THE NEGRO EDUCATIONAL REVIEW, INCORPORATED

Principal Place of Business	Mailing Address
FLORIDA A & M UNIVERSITY SUITE 203. LEE HALL TALLAHASSEE FL 32307-3100	FLORIDA A & M UNIVERSITY SUITE 203. LEE HALL TALLAHASSEE FL 32307-3100

3. Date Incorporated or Qualified: **07/07/1976**
3a. Date of Last Report: **08/03/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-6603060** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, DOROTHY P
FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, F. C.		1.2 NAME	Richardson, F. C.
STREET ADDRESS	1300 ELMWOOD AVE., BUFFALO STATE COLLEGE		1.3 STREET ADDRESS	American Association of State Colleges and Universities - SEE ATTACHMENT
CITY-ST-ZIP	BUFFALO NY 14222		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLOWAY, WILLIAM J		2.2 NAME	
STREET ADDRESS	1316 FENWICK LANE, APT. 1307		2.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD 20910		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, MAC A		3.2 NAME	
STREET ADDRESS	THE OHIO STATE UNIVERSITY		3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43210		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OLION, LADELLE		4.2 NAME	
STREET ADDRESS	FAYETTEVILLE STATE UNIVERSITY		4.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE NC 28301		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr. F. C. Richardson F. C. Richardson 3/19/96 202-293-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #