## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002135

Entity Name: FLORIDA CLASSIC CONSORTIUM CORPORATION

FILED
Mar 29, 2017
Secretary of State
CC4752491903

## **Current Principal Place of Business:**

FLORIDA A&M UNIVERSITY 400 LEE HALL

TALLAHASSEE, FL 32307

## **Current Mailing Address:**

FLORIDA A&M UNIVERSITY 400 LEE HALL TALLAHASSEE, FL 32307

FEI Number: 51-0572825 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THOMAS, SHIRA R ESQ FLORIDA A&M UNIVERSITY 300 LEE HALL TALLAHASSEE, FL 32307 US

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: SHIRA R THOMAS 03/29/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DCC Title DCC

Name ROBINSON, LARRY Name JACKSON, EDISON

Address FLORIDA A&M UNIVERSITY - 400 LEE Address 640 DR MARY MCLEOD BETHUNE

HALL BLVD

City-State-Zip: TALLAHASSEE FL 32307 City-State-Zip: DAYTONA BEACH FL 32114

 Title
 DT
 Title
 DIRECTOR

 Name
 FORD, WANDA
 Name
 LUCAS, HAKIM

Address FLORIDA A&M UNIVERSITY-100 LEE Address 640 DR MARY MCLEOD BETHUNE

HALL BLVD

City-State-Zip: TALLAHASSEE FL 32307 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR Title DIRECTOR

Name OVERTON, MILTON Name THOMPSON, LYNN

Address FLORIDA A&M UNIVERSITY Address 640 DR MARY MCLEOD BETHUNE

1835 WAHNISH WAY BLVD

City-State-Zip: TALLAHASSEE FL 32307 City-State-Zip: DAYTONA BEACH FL 32114

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 SUGGS, ANGELA
 Name
 BELTZ, MARAH

Address 1835 WAHNISH WAY Address 640 DR MARY MCLEOD BETHUNE

BLVD

City-State-Zip: TALLAHASSEE FL 32307 City-State-Zip: DAYTONA BEACH FL 32114

I hereby 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 all other like empowered.

SIGNATURE: ANGELA SUGGS DIRECTOR 03/29/2017