

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002135

FILED
Apr 24, 2014
Secretary of State
CC5116298976

Entity Name: FLORIDA CLASSIC CONSORTIUM CORPORATION

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:

MCKNIGHT, AVERY D 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DCC
Name MANGUM, ELMIRA
Address FLORIDA A&M UNIVERSITY - 400 LEE HALL
City-State-Zip: TALLAHASSEE FL 32307

Title DCC
Name JACKSON, EDISON
Address 640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DT
Name BAKKER, JOSEPH
Address FLORIDA A&M UNIVERSITY-304 FH ADMIN BLDG
City-State-Zip: TALLAHASSEE FL 32307

Title DS
Name BROWNE, PAMELA ESQ.
Address 640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name WINSLOW, KELLEN B
Address FLORIDA A&M UNIVERSITY 1835 WAHNSH WAY
City-State-Zip: TALLAHASSEE FL 32307

Title D
Name THOMPSON, LYNN
Address 640 DR MARY MCLEOD BETHUNE BLVD
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: JOSEPH BAKKER

DIRECTOR

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date