

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002135

FILED
Jun 22, 2020
Secretary of State
2653603434CC

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:

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

06/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DT
Name ROBERTSON, ALAN
Address FLORIDA A&M UNIVERSITY-100 LEE HALL
City-State-Zip: TALLAHASSEE FL 32307

Title DIRECTOR
Name PITTMAN, JOHN
Address 640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

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

Title DIRECTOR
Name THOMPSON, LYNN
Address 640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name KEITH, MCCLUNEY
Address 1835 WAHNSH WAY
City-State-Zip: TALLAHASSEE FL 32307

Title DIRECTOR
Name NOELIN, ANTOINETTE
Address 640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Continues on page 2

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: LARRY ROBINSON

DIRECTOR

06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CLARK, GREGORY
Address FLORIDA A&M UNIVERSITY
400 LEE HALL
City-State-Zip: TALLAHASSEE FL 32307

Title DIRECTOR
Name MCCRAY, JOHNNY ESQ.
Address BETHUNE COOKMAN UNIVERSITY
640 DR MARY MCLEOD BETHUNE BLVD
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name CUMMINGS, CARMEN
Address FLORIDA A&M UNIVERSITY
400 LEE HALL
City-State-Zip: TALLAHASSEE FL 32307

Title DIRECTOR
Name BEARDEN, KAREN DR.
Address BETHUNE COOKMAN UNIVERSITY
640 DR MARY MCLEOD BETHUNE
BLVD
City-State-Zip: DAYTONA BEACH FL 32114