

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002135

**FILED**  
**Apr 18, 2022**  
**Secretary of State**  
**3887928363CC**

**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

04/18/2022

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 POWELL , HIRAM  
Address 640 DR MARY MCLEOD BETHUNE BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

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

Title DIRECTOR  
Name DELANCY, ROBERT  
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 THEUS, REGINALD  
Address 640 DR MARY MCLEOD BETHUNE BLVD  
City-State-Zip: DAYTONA BEACH FL 32114

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

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

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*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

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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