2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002135

Entity Name: FLORIDA CLASSIC CONSORTIUM CORPORATION

FILED Feb 27, 2015 Secretary of State CC2906021878

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 Title DCC

Name MANGUM, ELMIRA 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 CASSIDY, DALE Name LUCAS, HAKIM

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

FLORIDA A&M UNIVERSITY-100 LEE Address 640 D
HALL BLVD

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

Title DIRECTOR Title DIRECTOR

Name ROBINSON, EARL D 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: EARL D. ROBINSON DIRECTOR 02/27/2015