

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010102

Entity Name: FLORIDA STATE UNIVERSITY NATIONAL BLACK ALUMNI, INC.**Current Principal Place of Business:**240 NORTH MAGNOLIA ST.
TALLAHASSEE, FL 32301**Current Mailing Address:**1030 WEST TENNESSEE STREET
TALLAHASSEE, FL 32304-7719 US**FEI Number: 80-0292205****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JENKINS, CASSANDRA D
1028 LONGSTREET DRIVE
TALLAHASSEE, FL 32311-4006 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 P
Name FRIALL, ERIC S
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title S
Name JACKSON, CHARLIE D
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title OTHER
Name JENKINS, CASSANDRA D
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name PARRIS, MILTON JR
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title VP
Name WILLIAMS, CHAREE
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title T
Name DEADWILEY, MARIAN E
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title IMMEDIATE PAST PRESIDENT
Name JENKINS-PYE, CONNIE E
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

Title VICE CHAIRMAN
Name KEGLER, ERIKA G
Address 240 NORTH MAGNOLIA ST.
City-State-Zip: TALLAHASSEE FL 32301

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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: MARIAN DEADWILEY**TREASURER****03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name WILLIAMS, SHELDON
Address BLACK STUDENT UNION
 EX-OFFICIO, 206 WOODWORD AVE
City-State-Zip: TALLAHASSEE FL 32306

Title PRESIDENT
Name MILLER, ANDY
Address SEMINOLE BOOSTERS, INC
 EX-OFFICIO, P.O. BOX 1353
City-State-Zip: TALLAHASSEE FL 32302-1353

Title PRESIDENT
Name ATWELL, SCOTT
Address FSU ALUMNI ASSOCIATION, INC
 EX-OFFICIO, 1030 W. TENNESSEE
 STREET
City-State-Zip: TALLAHASSEE FL 32304

Title ASST. DIRECTOR FOR IDENTITY
 PROGRAMS
Name HERNANDEZ, MIGUEL A
Address FSU CENTER FOR LEADERSHIP AND
 SOCIAL CHANGE
 EX-OFFICIO, 100 S WOODWARD AVE

City-State-Zip: TALLAHASSEE FL 323064161