

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003675

**FILED
Apr 17, 2017
Secretary of State
CC1520981211**

Entity Name: FLORIDA FUND FOR MINORITY TEACHERS, INC.

Current Principal Place of Business:

G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-7045

Current Mailing Address:

P.O. BOX 117045
GAINESVILLE, FL 32611-7045

FEI Number: 59-3391795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWIE, MICHAEL V
G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 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 CHAIRMAN, DIRECTOR
Name GOOD, GLENN
Address UNIV OF FLA, 140 NORMAN HALL
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR
Name CARTRIGHT, EVELYN
Address 1040 SW 110TH LANE
City-State-Zip: DAVIE FL 33324

Title DIRECTOR
Name ERVIN, CHARLES
Address 8691 ALEXANDRITE COURT
City-State-Zip: TALLAHASSEE FL 32309

Title VC, DIRECTOR
Name GILBERT, ULYSEES
Address 45556 LAKEMONT SQUARE
City-State-Zip: STERLING VA 20165

Title DIRECTOR
Name AGRAWAL, PIYUSH
Address 1625 EAGLE BEND
City-State-Zip: WESTON FL 33327

Title DIRECTOR
Name DOSE, KENNETH
Address 2130 NE 16TH AVE
City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR
Name HOGANS, LINDA
Address 5800 7TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name WRIGHT, SAMUEL
Address 3445-01 PARK SQUARE E
City-State-Zip: TAMPA FL 33613

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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: DR. MICHAEL V. BOWIE

EXECUTIVE DIRECTOR

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER, DIRECTOR
Name SPIERS, WILLIAM
Address 3065 KILLEARN POINT CT.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name COWINS, BENJAMIN
Address 19410 NW 17TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

Title EXECUTIVE DIRECTOR
Name BOWIE, MICHAEL
Address P.O. BOX 117045
City-State-Zip: GAINESVILLE FL 32611-7045

Title DIRECTOR, SECRETARY
Name JONES, TERI
Address 1911 GLEN MEADOWS CIRCLE
City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR
Name KUMAR, DAVID
Address 2501 SW 71ST TERRACE #116
City-State-Zip: DAVIE FL 33317

Title DIRECTOR
Name ANDERSON, YUL
Address 4939 FLORAMA TERRACE
 #907
City-State-Zip: NEW PORT RICHEY FL 34652