

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

DOCUMENT# N96000003675

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**9162590232CC**

**Entity Name:** FLORIDA FUND FOR MINORITY TEACHERS, INC.

**Current Principal Place of Business:**

UNIVERSITY OF FLORIDA  
1908 STADIUM ROAD ROOM 334 YON HALL  
GAINESVILLE, FL 32611

**Current Mailing Address:**

P.O. BOX 112010  
GAINESVILLE, FL 32611-2010 US

**FEI Number:** 59-3391795

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOWIE, MICHAEL V  
UNIVERSITY OF FLORIDA  
1908 STADIUM ROAD ROOM 334 YON HALL  
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 12421 DEWHURST CIRCLE  
City-State-Zip: JACKSONVILLE FL 32218

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 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

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

**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:** CHERYL D. WILLIAMS

**EXECUTIVE DIRECTOR**

**04/27/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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 2265 OLD SALEM ROAD SE  
City-State-Zip: CONYERS GA 30013

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

Title EXECUTIVE DIRECTOR  
Name WILLIAMS, CHERYL  
Address UNIVERSITY OF FLORIDA  
1908 STADIUM ROAD ROOM 334 YON  
HALL  
City-State-Zip: GAINESVILLE FL 32611