2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003675

Entity Name: FLORIDA FUND FOR MINORITY TEACHERS, INC.

FILED Apr 27, 2015 Secretary of State CC2635854404

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	Title	DIRECTOR
i ili c	CHAIRWAN, DINECTOR	Tille	DINLOTON

NameGOOD, GLENNNameCARTRIGHT, EVELYNAddressUNIV OF FLA, 140 NORMAN HALLAddress1040 SW 110TH LANE

City-State-Zip: GAINESVILLE FL 32611 City-State-Zip: DAVIE FL 33324

Title Title **DIRECTOR** VC, DIRECTOR Name GILBERT, ULYSEES Name **ERVIN, CHARLES** 11830 SW 8TH STREET 8691 ALEXANDRITE COURT Address Address City-State-Zip: OCALA FL 34481 City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR Title DIRECTOR

NameAGRAWAL, PIYUSHNameDOSE, KENNETHAddress1625 EAGLE BENDAddress2130 NE 16TH AVE

City-State-Zip: WESTON FL 33327 City-State-Zip: WILTON MANORS FL 33305

Title DIRECTOR Title DIRECTOR

Name HOGANS, LINDA Name WRIGHT, SAMUEL

Address 5800 7TH STREET SOUTH Address 3445-01 PARK SQUARE E

City-State-Zip: ST. PETERSBURG FL 33705 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: MICHAEL V. BOWIE EXECUTIVE DIRECTOR 04/27/2015

Officer/Director Detail Continued:

Title TREASURER, DIRECTOR Title DIRECTOR, SECRETARY

Name SPIERS, WILLIAM Name JONES, TERI

Address 3065 KILLEARN POINT CT. Address 1911 GLEN MEADOWS CIRCLE

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: MELBOURNE FL 32935

Title DIRECTOR Title DIRECTOR

Name COWINS, BENJAMIN Name KUMAR, DAVID

Address 19410 NW 17TH AVENUE Address 2501 SW 71ST TERRACE #116

City-State-Zip: MIAMI GARDENS FL 33056 City-State-Zip: DAVIE FL 33317

Title EXECUTIVE DIRECTOR Title DIRECTOR

Name BOWIE, MICHAEL Name ANDERSON, YUL

Address P.O. BOX 117045 Address 555 NE 34TH STREET #1001

City-State-Zip: GAINESVILLE FL 32611-7045 City-State-Zip: MIAMI FL 33137