

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003675

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC2635854404**

**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 11830 SW 8TH STREET  
City-State-Zip: OCALA FL 34481

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

**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:** MICHAEL V. BOWIE

**EXECUTIVE DIRECTOR**

**04/27/2015**

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

\_\_\_\_\_  
Date

