


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90437 021 *****70.00

DOCUMENT # 711371 1. Entity Name FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY FOUNDATION, INC.	
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Principal Place of Business LEE HALL ROOM 200 TALLAHASSEE, FL 32307 US	Mailing Address PO BOX 6562 TALLAHASSEE, FL 32314 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40090456



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6175096	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKS, DARYL 240 N MAGNOLIA DRIVE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Daryl Parks 4-26-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLZENDORF, BETTY 3041 WOODLAWN ROAD JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HATCHETT, JOSEPH 301 S BRONOUGH ST STE 200 TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BLACKSHEAR, ALFREDA 1215 LEE AVENUE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC/VC BLACKSHEAR, ALFREDA 1215 LEE AVENUE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKS, DARYL 240 N. MAGNOLIA DRIVE TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, DARYL 240 N. MAGNOLIA DRIVE TALLAHASSEE, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGSTON, CHARLES 904 SOUTH ROME AVENUE TAMPA, FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Daryl Parks 4-26-07 850-222-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #