2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 711371

Entity Name: FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

LEE HALL
ROOM 203
TALLAHASSEE, FL 32307 US

New Principal Place of Business:

1030 E. LAFAYETTE STREET
SUITE 4
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 6562
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-6175096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKS, DARYL
240 N MAGNOLIA DRIVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: HOLZENDORF, BETTY
Address: 3041 WOODLAWN ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: ACV ( ) Delete
Name: BLACKSHEAR, ALFREDA
Address: 1215 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: LANGSTON, CHARLES
Address: 904 SOUTH ROME AVENUE
City-St-Zip: TAMPA, FL 33606

Title: C ( ) Delete
Name: WEBSTER, SR., JOSEPH
Address: 2048 CENTRE POINTE LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: BLACKSHEAR, ALFREDA D
Address: 1215 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: T (X) Change ( ) Addition
Name: ABNEY, CHAN B
Address: 221 EAST OSCEOLA STREET
City-St-Zip: STUART, FL 34994

Title: VC (X) Change ( ) Addition
Name: ALSTON, COREY L
Address: 8620 NORTHWEST 48TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLA S. WILLIS ED 04/28/2009

Electronic Signature of Signing Officer or Director — Date