

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713051 (1)**

1. Corporation Name  
**THE FLORIDA A&M UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.**



Principal Place of Business <b>ROOM 100, LEE HALL TALLAHASSEE FL 32307 US</b>	Mailing Address <b>ROOM 100, LEE HALL TALLAHASSEE FL 32307 US</b>
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3. Date Incorporated or Qualified <b>07/07/1967</b>
4. FEI Number <b>59-2310040</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MILES, KEITH A.  
ROOM 100, LEE HALL  
OFFICE OF ALUMNI AFFAIRS  
TALLAHASSEE FL 32307**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PILATE, NATHANIEL</b>
STREET ADDRESS	<b>2316 S. HARRY T. MOORE</b>
CITY-ST-ZIP	<b>MIMS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MILES, KEITH A.</b>
STREET ADDRESS	<b>ROOM 100, LEE HALL</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COLLINS, CAROLYN</b>
STREET ADDRESS	<b>4002 LASALLE STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SAMUELS, BENNIE DR</b>
STREET ADDRESS	<b>1447 STONE RD #97</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BACON, ALICE</b>
STREET ADDRESS	<b>480 PEMBROKE STREET</b>
CITY-ST-ZIP	<b>PEMBROKE NH</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kinsey, Bernard</b>
1.3 STREET ADDRESS	<b>301 Mt. Holyoke Avenue</b>
1.4 CITY-ST-ZIP	<b>Pacific Palisades, CA 90272</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Porter, Robert</b>
3.3 STREET ADDRESS	<b>3041 Trout River Boulevard</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32208</b>
4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Walker, Leila</b>
4.3 STREET ADDRESS	<b>1381 Nancy Drive</b>
4.4 CITY-ST-ZIP	<b>Tallahassee, FL 32312</b>
5.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Tice, Brenda</b>
5.3 STREET ADDRESS	<b>628 Hemlock Lane</b>
5.4 CITY-ST-ZIP	<b>Lakeland, FL 33809</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>300002546999</b>
6.3 STREET ADDRESS	<b>-06/04/98---01010---006</b>
6.4 CITY-ST-ZIP	<b>***70.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith A. Miles* **Keith A. Miles, Director** 20 April 1998 850-599-3861

CR2E037 (10/97)