

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 713051

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



Principal Place of Business
**P O BOX 7351
TALLAHASSEE, FL 32314 US**

Mailing Address
**P O BOX 7351
TALLAHASSEE, FL 32314 US**



04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2310040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, HENRY
219 EAST VIRGINIA STREET
THE CAMBRIDGE CENTER
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYANT, ALVIN 2000 KECOUGHTAN ROAD HAMPTON, VA 23661
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED MITCHELL, TOMMY 2980 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARTLEY, BRODES 7800 SW 170TH STREET MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MORAN, JAMES PO BOX 7351 TALLAHASSEE, FL 32314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GIBBONS, MARIAN 616 BROOKRIDGE DR. TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000550963
05/13/06-80075-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2006 (850) 599-3827
Date Daytime Phone #