2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # 713051

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

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

01092007 No Chg-NP CR2E037 (4/06)

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

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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 _____
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. ☐ **$5.00** May Be Added to Fees

U00000585672
01/16/07-80021-025 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ JAMES MORAN 9 Jan. 07 (850)599-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #