



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 713051</b> 1. Entity Name <b>THE FLORIDA A&amp;M UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.</b>						<b>FILED</b>  <b>2008 APR 30 PM 2:25</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>FLORIDA A &amp; M UNIVERSITY SUITE 100, LEE HALL TALLAHASSEE, FL 32307 US</b>				Mailing Address <b>P O BOX 7351 TALLAHASSEE, FL 32314 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number <b>59-2310040</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>HUNTER, HENRY 219 EAST VIRGINIA STREET THE CAMBRIDGE CENTER TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BRYANT, ALVIN</b> 2000 KECOUGHTAN ROAD HAMPTON, VA 23661			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MITCHELL, TOMMY</b> 2980 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>HICKS, DORIS</b> 2191 LONGLEAF CIRCLE LAKELAND, FL 33810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>800129482228</b>  <b>05/14/08--01041--038 **70.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FAYSON, JAMES</b> 8425 SW 124TH ST MIAMI, FL 33156			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LAWYER, ANDREW</b> 8834 SAPPHIRE DRIVE TALLAHASSEE, FL 32309			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>FRANKLIN, LENARD</b> 5660 OLD HICKORY LANE TALLAHASSEE, FL 32303			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.							
<b>SIGNATURE:</b> <i>Lenard Franklin</i>				Date: <b>4-29-08</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>850-562-2416</b>			