2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 713051

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

Current Principal Place of Business:

FLORIDA A & M UNIVERSITY
SUITE 100, LEE HALL
TALLAHASSEE, FL 32307 US

New Principal Place of Business:

FLORIDA A & M UNIVERSITY
1810 SOUTH ADAMS STREET
TALLAHASSEE, FL 32307 US

Current Mailing Address:

P O BOX 7351
TALLAHASSEE, FL 32314 US

New Mailing Address:

FEI Number: 59-2310040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUNTER, HENRY
219 EAST VIRGINIA STREET
THE CAMBRIDGE CENTER
TALLAHASSEE, FL 32301 US

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: _____ 04/17/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRYANT, ALVIN	
Address:	2000 KECOUGHTAN ROAD	
City-St-Zip:	HAMPTON, VA 23661 US	
Title:	VP	( ) Delete
Name:	MITCHELL, TOMMY	
Address:	2980 RAYMOND DIEHL ROAD	
City-St-Zip:	TALLAHASSEE, FL 32308 US	
Title:	VP	( ) Delete
Name:	HICKS, DORIS	
Address:	2191 LONGLEAF CIRCLE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	VP	( ) Delete
Name:	FAYSON, JAMES	
Address:	8425 SW 124TH ST	
City-St-Zip:	MIAMI, FL 33156 US	
Title:	S	( ) Delete
Name:	LAWYER, ANDREW	
Address:	8834 SAPPHINE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309 US	
Title:	T	( ) Delete
Name:	FRANKLIN, LENARD	
Address:	5660 OLD HICKORY LANE	
City-St-Zip:	TALLAHASSEE, FL 32303 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LENARD FRANKLIN T 04/17/2009
Electronic Signature of Signing Officer or Director — Date