

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736300 (5)
1. Corporation Name
THE NEGRO EDUCATIONAL REVIEW, INCORPORATED



Principal Place of Business
**FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307-3100**

Mailing Address
**FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307-3100**

3. Date Incorporated or Qualified
07/07/1976

3a. Date of Last Report
08/03/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-6603060		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30			

9. Name and Address of Current Registered Agent

**WILLIAMS, DOROTHY P
FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	PD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, F. C.	
STREET ADDRESS	1300 ELMWOOD AVE., BUFFALO STATE COLLEGE	
CITY-ST-ZIP	BUFFALO NY 14222	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, WILLIAM J	
STREET ADDRESS	1316 FENWICK LANE, APT. 1307	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEWART, MAC A	
STREET ADDRESS	THE OHIO STATE UNIVERSITY	
CITY-ST-ZIP	COLUMBUS OH 43210	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OLION, LADELLE	
STREET ADDRESS	FAYETTEVILLE STATE UNIVERSITY	
CITY-ST-ZIP	FAYETTEVILLE NC 28301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richardson, F. C.
1.3 STREET ADDRESS	American Association of State Colleges and Universities - SEE ATTACHMENT
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dr. F. C. Richardson

F. C. Richardson

3/19/96

202-293-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)