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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/07/1976	3a. Date of Last Report 04/01/1996
4. FEI Number 59-6603060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**WILLIAMS, DOROTHY P
FLORIDA A & M UNIVERSITY
SUITE 203, LEE HALL
TALLAHASSEE FL 32307**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Indiana University Southeast, 4201 Grant Line Rd
1.4 CITY-ST-ZIP	New Albany, IN 47150-6405
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Highland House West, 4450 S Park Ave, #309
2.4 CITY-ST-ZIP	Chevy Chase, MD 20815
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	The Ohio State Univeristy, 154 W 12th Ave
3.4 CITY-ST-ZIP	Columbus, OH 43015
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	604 Larkspur Drive
4.4 CITY-ST-ZIP	Fayetteville, NC 28311
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *F. C. Richardson* **RED** 4/4/97 **812-941-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077444

CR2E037 (9/96)