


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 22 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 736300					
1. Entity Name THE NEGRO EDUCATIONAL REVIEW, INCORPORATED					
Principal Place of Business NER EDITORIAL OFFICES 676 GAMBLE STREET - FAMU CAMPUS TALLAHASSEE, FL 32307			Mailing Address NER EDITORIAL OFFICE FAMU BOX 70425 TALLAHASSEE, FL 32307		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-6603060	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, CHARLES U C/O FLORIDA A&M UNIVERSITY-NER EDITORIAL O 676 GAMBLE STREET TALLAHASSEE, FL 32307				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, F. C.		NAME		
STREET ADDRESS	3901 WEST 92ND PLACE		STREET ADDRESS		
CITY-ST-ZIP	MERRILLVILLE, IN 46410		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, WILLIAM J		NAME		
STREET ADDRESS	3618 LITLEDAL RD. #213		STREET ADDRESS		
CITY-ST-ZIP	KENSINGTON, MD 20895		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, MAC A		NAME		
STREET ADDRESS	190 NORTH OVAL MALL/102 BRICKLER HALL		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS, OH 43210		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLION, LADELLE		NAME		
STREET ADDRESS	604 LARKSPUR DR		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE, NC 28311		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCER, WALTER A		NAME		
STREET ADDRESS	1111 HASTIE RD.		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: <i>F. C. Richardson</i>		4/2/05 219-791-9044			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			