

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 745568

1. Entity Name

FLORIDA A&M UNIVERSITY (FAMU) BOOSTERS CLUB,
INC.



FILED

05 MAY 4 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 20286
TALLAHASSEE FL 32316

Mailing Address

P.O. BOX 20286
TALLAHASSEE FL 32316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

05

4. FEI Number
59-1922370

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, ALFRED JR
2610 GUNN STREET
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000054668670
05/17/05--01032--005 **\$1.25

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARKS, DARYL
STREET ADDRESS 521 E. TENNESSEE ST.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete
NAME SAMUELS, BENNIE
STREET ADDRESS 8105 BLUE QUILL TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TD ☐ Delete
NAME HAUGABROOK, EDDIE
STREET ADDRESS 1005 TANNER DR.
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE D ☐ Delete
NAME BAKER, III, WILMOTH H
STREET ADDRESS 304 W. BREVARD ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Delete
NAME LAWSON, ALFRED JR
STREET ADDRESS 2610 GUNN STREET
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME Parks, Daryl
STREET ADDRESS 521 E. Tennessee St.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE VP ☐ Change ☒ Addition
NAME Chambers, Nehemiah
STREET ADDRESS 1135 W. Orange Avenue, Ste B
CITY-ST-ZIP Tallahassee, FL 32310

TITLE D ☒ Change ☐ Addition
NAME Haugabrook, Eddie
STREET ADDRESS 1005 Tanner Drive
CITY-ST-ZIP Tallahassee, FL 32305

TITLE SD ☐ Change ☒ Addition
NAME Moore, Michael
STREET ADDRESS 2901 Tyron Circle
CITY-ST-ZIP Tallahassee, FL 32309

TITLE PD ☒ Change ☐ Addition
NAME Lawson, Alfred Jr
STREET ADDRESS 2610 Gunn Street
CITY-ST-ZIP Tallahassee, FL 32310

TITLE TD ☐ Change ☒ Addition
NAME Bogan, Bill
STREET ADDRESS 2651 S. Hannon Hill Dr.
CITY-ST-ZIP Tallahassee, FL 32309

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05

Date

224-6093

Daytime Phone #