FILE NOW: FILING FEE IS $61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **754846** **(4)**

1. Corporation Name

THE FLORIDA AFRICAN-AMERICAN STUDENT ASSOCIATION , INCORPORATED

Principal Place of Business	Mailing Address
817 APACHE STREET TALLAHASSEE FL 32301-7003	817 APACHE STREET TALLAHASSEE FL 32301-7003

3. Date Incorporated or Qualified: 10/27/1980

4. FEI Number: 59-2086242 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCRAY, WILLIAM
817 APACHE STREET
TALLAHASSEE FL 32301-7003

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LLOYD, MARSHA P		1.2 NAME		
STREET ADDRESS	7512 NW 1ST PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARCUS E		2.2 NAME		
STREET ADDRESS	4813-B RIVER GRASS CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, COLLEEN		3.2 NAME		
STREET ADDRESS	703 E. MCDONALD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOLLOWAY, DWAYNE		4.2 NAME		
STREET ADDRESS	200 NW 33 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HILL, RON		5.2 NAME		
STREET ADDRESS	1519 CLEARLAKE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KIMBLE, LODOVIC		6.2 NAME		
STREET ADDRESS	2234 STELLA STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Ron Hill March 30, 1998 (407)632-1111,63631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007371