NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90104 029 ****61.25

DOCUMENT # 754846

1. Entity Name

THE FLORIDA AFRICAN-AMERICAN STUDENT ASSOCIATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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

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

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7. Name and Address of Current Registered Agent

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.

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Worlds, Patrick	NAME	
STREET ADDRESS	500 Kelly Mill Road, #113	STREET ADDRESS	
CITY-ST-ZIP	Valparaiso, FL 32580	CITY-ST-ZIP	
TITLE	VP Programs	TITLE	
NAME	Davis, Jonathan M	NAME	
STREET ADDRESS	3763 NW 4th Ave., #6	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33431	CITY-ST-ZIP	
TITLE	VP Finance	TITLE	
NAME	Smith, Bruce A.	NAME	
STREET ADDRESS	6153 Wolf Pond Road	STREET ADDRESS	
CITY-ST-ZIP	Greenwood, FL 32443	CITY-ST-ZIP	
TITLE	VP Public Relations	TITLE	
NAME	Weir, Nicole	NAME	
STREET ADDRESS	9820 Sheridan St., # 307	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, FL	CITY-ST-ZIP	
TITLE	Board of Directors	TITLE	
NAME	Cleveland, Donald L.	NAME	
STREET ADDRESS	3950 NW 75th Terrace	STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, FL 33319	CITY-ST-ZIP	
TITLE	Board of Directors	TITLE	
NAME	Birdsong, Ann	NAME	
STREET ADDRESS	2417 Roberts Cir., NE	STREET ADDRESS	
CITY-ST-ZIP	Winter Haven, FL 33881	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 (813)757-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #