FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770688

1. Corporation Name

Friends of the Black Archives, Inc.

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-03/31/95--01054--009
DO NOT WRITE IN THIS SPACE **68.75 **68.75

Principal Place of Business	Mailing Address
Florida A&M University Tallahassee, FL 32307	

3. Date Incorporated or Qualified: 10-11-83
3a. Date of Last Report: 3-8-94
4. FEI Number: 59-2886352 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: Florida A&M University	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Tallahassee, FL	City & State 28:
Zip 24: 32307 / Country 25: Leon	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Robert L. Williams 510 Kissimmee Street Apt. 8 Tallahassee, FL 32310	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert L. Williams — Signature, typed or printed name of registered agent and title if applicable
*NOTE: Registered Agent signature required when reinstating
DATE: March 29, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		1.1 TITLE	BMD	☐ Change ☒ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Sue K. Russell 3113 Parkridge Road Tallahassee, FL 32304	1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Mary B. Diallo 1741 Broken Bow Trail Tallahassee, FL 32312	
TITLE	BM	2.1 TITLE		☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	W. O. Mack 111 Stafford Street Tallahassee, FL	2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Robert L. Williams 510 Kissimmee Street Apt. 8 Tallahassee, FL 32310	3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		KC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert L. Williams — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: March 29 1995
Daytime Phone #: 599 3020