
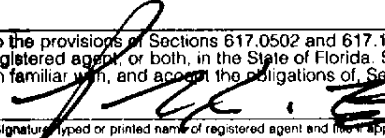


FILE NOW: FILING FEE IS \$61.25

FILED

May 21 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 # 770688 (0) 1. Corporation Name FRIENDS OF THE BLACK ARCHIVES AT FLORIDA A & M UNIVERSITY, INC.			
Principal Place of Business FLORIDA A&M UNIVERSITY BLACK ARCHIVES TALLAHASSEE FL 32307-9515		Mailing Address FLORIDA A&M UNIVERSITY BLACK ARCHIVES TALLAHASSEE FL 32307-9515	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent WILLIAMS, MR. R.L. 510 KISSIMMEE STREET APT. #8 TALLAHASSEE FL 32310		10. Name and Address of New Registered Agent 81 Name Pleas Ray Eaton 82 Street Address (P.O. Box Number is Not Acceptable) 427 Teal Lane 83 Tallahassee 84 City FL 85 Zip Code 32308	
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 reinstalling) DATE 5/12/98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE NAME SUE K. RUSSELL STREET ADDRESS 3113 PARKRIDGE ROAD CITY-ST-ZIP TALLAHASSEE FL 32304		1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Pleas Ray Eaton 1.3 STREET ADDRESS 427 Teal Lane 1.4 CITY-ST-ZIP Tallahassee, FL 32308	
TITLE BMD <input checked="" type="checkbox"/> DELETE NAME MACK, W O STREET ADDRESS 710 STAFFORD CITY-ST-ZIP TALLAHASSEE FL		2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Gary Goodwin 2.3 STREET ADDRESS 806 Kendall Drive 2.4 CITY-ST-ZIP Tallahassee, FL 32310	
TITLE DBM <input checked="" type="checkbox"/> DELETE NAME DIALLO, MARY B STREET ADDRESS 1741 BROKEN BOW TR CITY-ST-ZIP TALLAHASSEE FL		3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Cynthia P. Shingles 3.3 STREET ADDRESS 1009 Wakulla Springs Road 3.4 CITY-ST-ZIP Crawfordville, FL 32327	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME WILLIAMS, R.L. STREET ADDRESS 510 KISSIMMEE ST. #8 CITY-ST-ZIP TALLAHASSEE FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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.			



CR2E037 (10/97)