

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90009 015 \*\*\*\*61.25

DOCUMENT # 770688 ✓

1. Corporation Name

FRIENDS OF THE BLACK ARCHIVES AT FLORIDA A & M U  
NIVERSITY, 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

2a. Mailing Address

26

3. Date Incorporated or Qualified  
10/11/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-2886352

Applied For  
Not Applicable.

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EATON, PLEAS RAY  
427 TEAL LANE  
TALLAHASSEE FL 32308

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME EATON, PLEAS RAY  
STREET ADDRESS 427 TEAL LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME GOODWIN, GARY  
STREET ADDRESS 806 KENDALL DR  
CITY-ST-ZIP TALLAHASSEE FL 32310

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TDS ☐ DELETE  
NAME SHINGLES, CYNTHIA P  
STREET ADDRESS 1009 WAKULLA SPRINGS RD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME WILLIAMS, R.L.  
STREET ADDRESS 510 KISSIMMEE ST. #8  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

14 July 99

Date

Daytime Phone #

CR2E037 (5/99)