

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 770688

1. Entity Name
**FRIENDS OF THE BLACK ARCHIVES AT FLORIDA A & M
UNIVERSITY, INC.**



FILED

04 SEP 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**POST OFFICE BOX 954
TALLAHASSEE, FL 32302-0954**

Mailing Address
**POST OFFICE BOX 954
TALLAHASSEE, FL 32302-0954**



2. Principal Place of Business

3. Mailing Address

PO Box 7115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09232004

Chg-NP

CR2E037 (10/03)

04

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32314-7115 Leon

4. FEI Number
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, GLORIA J
4034 CAYUGA COURT
TALLAHASSEE, FL 32303**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDR
WARREN, EUNICE
262-B VILLAR COURT N
TALLAHASSEE, FL 32303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900041616359
10/05/04--01094--008 **70.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMS
KINCHLOW, GINA
412 MARGARET COURT
TALLAHASSEE, FL 32301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPDR
ROBERTS, MARY
1600 CALLEN STREET
TALLAHASSEE, FL 32310** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TMS
SMITH, DORIS
1208 ABRAHAM STREET
TALLAHASSEE, FL 32304** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ANDERSON, GLORIA J
4034 CAYUGA COURT
TALLAHASSEE, FL 32303** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloria J. Anderson 9-24-04