

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770688

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



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

Mailing Address
POST OFFICE BOX 7115
TALLAHASSEE, FL 32314-7115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072005

Chg-NP

CR2E037 (10/03)

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 7, 2005

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100059740911
09/19/05--01046--022 ***61.25

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel SEP - 8 2005

9/7/05

Date

Daytime Phone #