

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # F94000006555 (6)

1. Corporation Name

NATIONAL SPONSORED PROGRAMS ADMINISTRATORS ASSOCIATION OF HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

95 APR -5 PM 3: 17

Principal Place of Business: P.O. BOX 6138, TALLAHASSEE FL 32301
Mailing Address: P.O. BOX 6138, TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report
4. FEI Number: 59-3219364
Applied For / Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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 [X]

9. Name and Address of Current Registered Agent
HAMILTON, FRANKLIN
1730 NESTLEWOOD LN.
TALLAHASSEE FL 32307

10. Name and Address of New Registered Agent
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	HAMILTON, FRANKLIN
STREET ADDRESS	FLORIDA A&M UNIVERSITY
CITY - ST - ZIP	TALLAHASSEE FL 32307
TITLE	V
NAME	WATKINS, MARVIN
STREET ADDRESS	NORTH CAROLINA CENTRAL UNIVERSITY
CITY - ST - ZIP	DURHAM NC 27707
TITLE	S
NAME	BALLARD-SEAWAY, LYNN
STREET ADDRESS	TUSKEGEE UNIVERSITY
CITY - ST - ZIP	TUSKEGEE AL 36088
TITLE	T
NAME	WILLIAMS, WALTER
STREET ADDRESS	TOUGALOO COLLEGE
CITY - ST - ZIP	TOUGALOO MS
TITLE	D
NAME	GLEE, ROSE
STREET ADDRESS	SOUTHERN UNIVERSITY
CITY - ST - ZIP	BATON ROUGE LA 70813
TITLE	D
NAME	SAPP, WALTER
STREET ADDRESS	TUSKEGEE UNIVERSITY
CITY - ST - ZIP	TUSKEGEE AL 36088

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	[X] Change [] Addition
4.2 NAME	Wesley, Sheila
4.3 STREET ADDRESS	Florida A&M University
4.4 CITY - ST - ZIP	Tallahassee, FL 32307
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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: Franklin D. Hamilton *Franklin D. Hamilton* 3/29/95 (904) 561-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #