

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001715

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY WESLEY FOUNDATION, INC.

Current Principal Place of Business:

3370 CAPITAL CIR. NE, SUITE C-1
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1228
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2354856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, ANTOINO REV
3370 CAPITAL CIR. NE, SUITE C-1
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: WASHINGTON, DAVID
Address: 2801 TOPAZ WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: VC () Delete
Name: ELLIS, RUFUS JR
Address: 3445 HAWKS HILL TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: ANDREWS, RICHARD
Address: 1331 CHERRY ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: OWENBY, ERMINE
Address: 817 ELIZABETH DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: LUMPKIN, RONALS
Address: 5001 BRANDED OAKS COURT
City-St-Zip: TALLAHASSEE, FL 32313

Title: D () Delete
Name: FLOYD-LUCAS, ANN
Address: 266 OAKVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ANDREWS

T

04/07/2009

Electronic Signature of Signing Officer or Director

Date