

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003088

FILED
Apr 29, 2004
Secretary of State**Entity Name:** SURETY VENTURES, INC.**Current Principal Place of Business:**FLORIDA A&M UNIVERSITY
ONE SBI PLAZA, SUITE 102W
TALLAHASSEE, FL 32307**New Principal Place of Business:****Current Mailing Address:**FLORIDA A&M UNIVERSITY
ONE SBI PLAZA, SUITE 102W
TALLAHASSEE, FL 32307**New Mailing Address:****FEI Number:** 59-3645505**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVIAS, DEANDREA
FLORIDA A&M UNIVERSITY
ONE SBI PLAZA, SUITE 102W
TALLAHASSEE, FL 32307**Name and Address of New Registered Agent:**DANIELS, BOOKER T PROFESS
FLORIDA A&M UNIVERSITY
ONE SBI PLAZA, SUITE 102W
TALLAHASSEE, FL 32307

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: BOOKER T DANIELS

04/29/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, THOMAS
Address: 7099 OX BOW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DANIELS, BOOKER
Address: ONE SBI PLAZA, SUITE 404-B
City-St-Zip: TALLAHASSEE, FL 32307

Title: D () Delete
Name: DRUMMING, SAUNDRA DR.
Address: ONE SBI PLAZA, SUITE EW-418
City-St-Zip: TALLAHASSEE, FL 32307

Title: D () Delete
Name: MOBLEY, SYBIL C
Address: ONE SBI PLAZA, #105
City-St-Zip: TALLAHASSEE, FL 32307

Title: D () Delete
Name: WRIGHT, RICHARD
Address: ONE SBI PLAZA, #419W
City-St-Zip: TALLAHASSEE, FL 32307

Title: T () Delete
Name: BYRD, BEVERLY
Address: ONE SBI PLAZA, #104
City-St-Zip: TALLAHASSEE, FL 32307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JEFFERSON, THOMAS
Address: ONE SBI PLAZA, SUITE 404-B
City-St-Zip: TALLAHASSEE, FL 32307

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

Title: D (X) Change () Addition
Name: BRADFORD, AMOS
Address: ONE SBI PLAZA, #105
City-St-Zip: TALLAHASSEE, FL 32307

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 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 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: BOOKER T DANIELS

PROF

04/29/2004

Electronic Signature of Signing Officer or Director

Date