

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003692

1. Entity Name
**THE WILLIAM EDWARD BURGHARDT (W.E.B.) DU BOIS
HONOR SOCIETY, INC.**



Principal Place of Business

**FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

Mailing Address

**FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**



01182006 No Chg-NP

CR2E037 (11/05)

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4. FEI Number
59-3651247

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAUGHLIN, KAREN PH.D
FLORIDA STATE UNIVERSITY UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

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IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICHARDSON, ANGELA
STREET ADDRESS	A5300, UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 323032450
TITLE	D
NAME	CARTER, KATHRYN H
STREET ADDRESS	A3300 UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 323032460
TITLE	D
NAME	LAUGHLIN, KAREN L PH.D
STREET ADDRESS	A3300 UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 323032460
TITLE	P
NAME	ROBERTS, KADIAN
STREET ADDRESS	FSU-A33 UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	VP
NAME	JONES, TERRIN
STREET ADDRESS	FSU - A3300 UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 323032460
TITLE	S
NAME	JAMISON, TARA
STREET ADDRESS	FSU - A3300 UNIVERSITY CENTER
CITY-ST-ZIP	TALLAHASSEE, FL 323032460

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03/02/06-80024-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Karen L. Laughlin* **KAREN L. LAUGHLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06
Date

850-644-2746
Daytime Phone #