
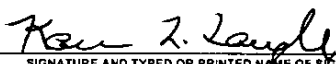


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 001 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3651247	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAUGHLIN, KAREN PH.D FLORIDA STATE UNIVERSITY UNDERGRADUATE DEAN'S OFFICE A3300 UNIVERSITY CENTER TALLAHASSEE, FL 32306-2460			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, ANGELA	NAME			
STREET ADDRESS	A5300, UNIVERSITY CENTER	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 323032450	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTER, KATHRYN H	NAME			
STREET ADDRESS	A3300 UNIVERSITY CENTER	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 323032460	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAUGHLIN, KAREN L PH.D	NAME			
STREET ADDRESS	A3300 UNIVERSITY CENTER	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 323032460	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBERTS, KADIAN	NAME	P		
STREET ADDRESS	FSU-A33 UNIVERSITY CENTER	STREET ADDRESS	Lloyd, Kahlida		
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	FSU-A3300 University Center Tallahassee, FL 32303		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JONES, TERRIN	NAME	VP		
STREET ADDRESS	FSU - A3300 UNIVERSITY CENTER	STREET ADDRESS	Laurent, Hegal		
CITY-ST-ZIP	TALLAHASSEE, FL 323032460	CITY-ST-ZIP	FSU - A3300 University Center Tallahassee, FL 32303		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JAMISON, TARA	NAME	S		
STREET ADDRESS	FSU - A3300 UNIVERSITY CENTER	STREET ADDRESS	Vialva, Sonya		
CITY-ST-ZIP	TALLAHASSEE, FL 323032460	CITY-ST-ZIP	FSU-A3300 University Center Tallahassee, FL 32303		
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		3/1/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				850-644-2740	