

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90168 001 ***122.50

DOCUMENT # N00000003692

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



Principal Place of Business
**FSU UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

Mailing Address
**FSU UNDERGRADUATE
DEAN'S OFFICE A3300 UNIVERSITY CENTER
TALLAHASSEE, FL 32306-2460**

66005272



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

03112008 Chg-NP CR2E037.(12/06)

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

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

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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** ☐ Delete
NAME **RICHARDSON, ANGELA**
STREET ADDRESS **A5300, UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE, FL 323032450**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LAUGHLIN, KAREN L PH.D**
STREET ADDRESS **A3300 UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE, FL 323032460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **LLOYD, KAHLIDA**
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **P** ☐ Change ☒ Addition
NAME **Tashinea Lee**
STREET ADDRESS **FSU-A3300 University Center**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **VP** ☒ Delete
NAME **LAURENT, HEGAL**
STREET ADDRESS **FSU -A3300 UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE, FL 323032460**

TITLE **VP** ☐ Change ☒ Addition
NAME **JaQuilla Coleman**
STREET ADDRESS **FSU-A3300 University Center**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **S** ☒ Delete
NAME **VIALVA, SONYA**
STREET ADDRESS **FSU-A3300 UNIVERSITY CENTER**
CITY-ST-ZIP **TALLAHASSEE, FL 323032460**

TITLE **S** ☐ Change ☒ Addition
NAME **Adnouse Blanc**
STREET ADDRESS **FSU-A3300 University Center**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/11/08

850-644-2740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #