

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009180

FILED  
Mar 15, 2009  
Secretary of State

Entity Name: HBCU/MI PROJECT OFFICE, INC.

## Current Principal Place of Business:

2000 NORTH ALAFAYA TRAIL  
SUITE 150  
ORLANDO, FL 32826 US

## New Principal Place of Business:

## Current Mailing Address:

408 BRANT STREET  
STE 103  
DURHAM, NC 27707 US

## New Mailing Address:

FEI Number: 20-1654743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 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: D ( ) Delete  
Name: JOHNSON, AKINLEYE DR  
Address: 1658 KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: C ( ) Delete  
Name: SPELLER, BENJAMIN DR  
Address: 1004 SHEPHERD ST  
City-St-Zip: DURHAM, NC 27707

Title: D ( ) Delete  
Name: GUDGER, ANDRE  
Address: 802 CROMWELL PARK DRIVE SUITE K  
City-St-Zip: GLEN BURNIE, MD 21061

Title: D ( ) Delete  
Name: LOWERY, BENNIE DR.  
Address: DISTANCE EDUCATION, 100 MAIN STREET  
City-St-Zip: GRAMBLING, LA 71245

Title: D ( ) Delete  
Name: GREY, DARRYL  
Address: 5510 CHEROKEE AVE. SUITE 110  
City-St-Zip: ALEXANDRIA, VA 22312

Title: D ( ) Delete  
Name: ROLLE, JOANNE  
Address: 12 EAST 53RD ST  
City-St-Zip: NEW YORK, NY 10022

## 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  
Name:  
Address:  
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: BENJAMIN F SPELLER JR

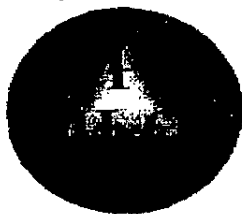
D

03/15/2009

Electronic Signature of Signing Officer or Director

Date

J 15 2003 1:27PM Historic Home Foundation 94-100  
**N040000009180**



**FAX**

**Filed**

**3/15/09**

HBCU/MI Project Office  
408 Brant Street, Suite 103  
Durham, NC 27707 USA

**Date:** July 15, 2009

**Page(s):** 1

**TO:** Cathy

**FROM:** Benjamin Speller

**FAX:** 850-245-6017

- **FAX:** 252-794-5583

**VOICE:**

- **VOICE:** 252-482-4079

**Comments:**

Cathy:

Per our telephone conversation, please add the following individual to the Officer/Director Detail.  
He should have been included in 2008 and earlier years also.

**Document Number** N04000009180

**FE/EIN Number** 201654743

**Title:** Treasurer

CARROLL, MARVIN DR  
1500 PERIMETER PARKWAY, SUITE 20  
HUNTSVILLE, ALA 35808

Thanks

Benjamin Speller