



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-04-2008 90063 008 ****61.25

DOCUMENT # N07000003546							
1. Entity Name FAMU LANDSCAPE ARCHITECTURE FOUNDATION CORPORATION							
Principal Place of Business 801 MAPLEWOOD DR., STE. 22-A JUPITER, FL 33458		Mailing Address 801 MAPLEWOOD DR., STE. 22-A JUPITER, FL 33458		66003845 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-8943364 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
Zip	Country	Zip	Country	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				
BERROCAL, CARLOS J. ESQ 801 MAPLEWOOD DR., STE. 22-A JUPITER, FL 33458			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 _____ (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. <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	CC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EARLE, JEREMY		NAME				
STREET ADDRESS	1782 RIPLEY RUN		STREET ADDRESS				
CITY - ST - ZIP	WELLINGTON, FL 33414		CITY - ST - ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GREY, LEIGH		NAME				
STREET ADDRESS	636 28 AVE. NORTH		STREET ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG, FL 33704		CITY - ST - ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	O'MAHONEY, EMILY		NAME				
STREET ADDRESS	1907 COMMERCE LANE, STE. 101		STREET ADDRESS				
CITY - ST - ZIP	JUPITER, FL 33458		CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			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, via all other like empowered.							
SIGNATURE: <i>Jeremy Earle</i>			Treasurer		1/31/08 561-575-9557		
BLOCK 10 AND 11 FOR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR			Date		Daytime Phone #		