



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000004529 1. Entity Name FAMU HIGH DEVELOPMENT RESEARCH SCHOOL BASE ORGANIZATION/REUNION, INC.					
Principal Place of Business 2503 LINDSEY CT. TALLAHASSEE, FL 32310				Mailing Address 2503 LINDSEY CT. TALLAHASSEE, FL 32310	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="font-size: 1.2em;">FILED</div> <div style="font-size: 1.1em;">2008 APR 30 PM 2:27</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 30-0479258				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNETT DENNIS, HATTIE R. 2503 LINDSEY CT. TALLAHASSEE, FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 re-registering)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P JEFFERSON, DENNIS 1513 HERNANDO DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNETT DENNIS, HATTIE R. 2503 LINDSEY CT. TALLAHASSEE, FL 32310	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILPATRICK, EDDIE JR. 2200 BOURGOGNE DR. TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBBONS, MARION B. 616 BROOKRIDGE DR. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORBIN, JAMES D. P.O. BOX 873 CHATTAHOOCHEE, FL 32324	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE: <i>Hattie Burnett Dennis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 45%; text-align: right;"> 04/30/08 850-576-9536 <small>Date Daytime Phone #</small> </div> </div>					