2016 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

16 SEP 29 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500125078475
09/30/16--01001--002 **61.25

DOCUMENT # N07000004529

1. Entity Name
FAMU HIGH DEVELOPMENTAL RESEARCH SCHOOL FOUNDATION, 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 #

Suite, Apt. #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

09292016 REIN-NP CR2E099 (12/11)

4. FEI Number 30-0479258 6 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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)

500125078475
09/30/16--01001--003 **175.00

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 X Hattie Ruth Dennis 09/29/16
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2017, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☑ Delete
NAME	JEFFERSON, DENNIS	
STREET ADDRESS	1513 HERNANDO DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VP	☐ Delete
NAME	BURNETT DENNIS, HATTIE R.	
STREET ADDRESS	2503 LINDSEY CT.	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	T	☑ Delete
NAME	KILPATRICK, EDDIE JR.	
STREET ADDRESS	2200 BOURGOGNE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	S	☑ Delete
NAME	GIBBONS, MARION B.	
STREET ADDRESS	616 BROOKRIDGE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32305	
TITLE	PARL	☑ Delete
NAME	CORBIN, JAMES D.	
STREET ADDRESS	P.O. BOX 873	
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	
TITLE	D	☑ Delete
NAME	SIMMONS, SCOTT	
STREET ADDRESS	5217 PRESTLEY CROSSING LN.	
CITY-ST-ZIP	DOUGLASVILLE, GA 30135	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	☐ Change ☑ Addition
NAME	Beasley, Steve	
STREET ADDRESS	2601 Pottsdamer St.	
CITY-ST-ZIP	Tall, Fl 32310	
TITLE	President	☑ Change ☐ Addition
NAME	Dennis, Hattie Ruth	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	☐ Change ☑ Addition
NAME	HARRIS, JASMINE	
STREET ADDRESS	517 FAMCEE Apt	
CITY-ST-ZIP	Tall, Fl. 32310	
TITLE	Treasurer,	☐ Change ☑ Addition
NAME	Thomas, Chalmus	
STREET ADDRESS	2621 McCain St.	
CITY-ST-ZIP	Tallahassee, Fl 32305	
TITLE	member	☐ Change ☑ Addition
NAME	Bruton, Queen	
STREET ADDRESS	111 Lincoln St	
CITY-ST-ZIP	Tall, Fl. 32301	
TITLE	member	☐ Change ☑ Addition
NAME	Williams, Bonita	
STREET ADDRESS	6003 Pick Wick Rd	
CITY-ST-ZIP	Tallahassee, Fl. 32305	

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: Hattie Ruth Dennis 09/29/16
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS

REINSTATEMENT