2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N08000000224

Entity Name: THE HISTORICALLY BLACK INSTITUTIONS ALUMNI CONSORTIUM, INC.

Current Principal Place of Business:

2512 TOMOKA AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2512 TOMOKA AVENUE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, KENDALL ATTY.
1290 FEDERAL HIGHWAY
ROCKLEDGE, FL 32955 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: C ( ) Delete
Name: FAYSON, GEORGE L SR.
Address: 2512 TOMOKA AVENUE
City-St-Zip: TITUSVILLE, FL 32780

Title: VC ( ) Delete
Name: CARROLL, NAPOLEON
Address: 2025 TURPENTINE ROAD
City-St-Zip: MIMS, FL 32754

Title: RS ( ) Delete
Name: JOHNSON, THERESA ELAINE
Address: 1990 FAIRLANE DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: CS ( ) Delete
Name: EDWARDS, ARTHUR
Address: 5325 AMY WAY
City-St-Zip: MIMS, FL 32954

Title: T ( ) Delete
Name: SMITH, LEATHA
Address: 939 JAMESTOWN DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

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:

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: GEORGE L. FAYSON, SR. C 04/07/2009

Electronic Signature of Signing Officer or Director — Date