

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2010
Secretary of State

Entity Name: FLORIDA ALLIANCE FOR HEALTH PROFESSIONS DIVERSITY, INC.

Current Principal Place of Business:

2010 LEVY AVENUE, SUITE 288
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

2010 LEVY AVENUE, SUITE 288
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULY, REBECCA R
1600 SW ARCHER ROAD
ROOM H-101
GAINESVILLE, FL 32611 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: DR.
Name: PAULY, REBECCA R
Address: 1600 SW ARCHER ROAD, ROOM H-101
City-St-Zip: GAINESVILLE, FL 32611

Title: DR.
Name: RALSTON, PENNY
Address: 2010 LEVY AVENUE, SUITE 288
City-St-Zip: TALLAHASSEE, FL 32310

Title: DR.
Name: HARRIS, CYNTHIA
Address: FLORIDA A & M UNIVERSITY
City-St-Zip: TALLAHASSEE, FL 32307

Title: DR.
Name: LITTLES, ALMA
Address: 2010 LEVY AVENUE, SUITE 288
City-St-Zip: TALLAHASSEE, FL 32310

Title: MR.
Name: PATTEN, CARL
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: REBECCA R. PAULY

DR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date