

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010102

FILED
Mar 27, 2011
Secretary of State

Entity Name: FLORIDA STATE UNIVERSITY BLACK ALUMNI ASSOCIATION, NATIONAL CHAPTER,
INCORPORATED

Current Principal Place of Business:

240 NORTH MAGNOLIA ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX BOC 1322
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 80-0292205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, CASSANDRA D
1028 LONGSTREET DRIVE
TALLAHASSEE, FL 323114006 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: P
Name: CRUMP, BENJAMIN L
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: P
Name: JENKINS-PYE, CONNIE E (ELECT)
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: WILLIAMS, SYLVIA D
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: T
Name: MORGAN, JOYCE W
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: DILBERT, LOUIS L (RECORD
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: D
Name: JENKINS, CASSANDRA D
Address: 240 NORTH MAGNOLIA ST.
City-St-Zip: TALLAHASSEE, FL 32301

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: JOYCE W. MORGAN

T

03/27/2011

Electronic Signature of Signing Officer or Director

Date