

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002901

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** HBCU NATIONAL ALUMNI ASSOCIATION, SM, INC.

**Current Principal Place of Business:**

5530 PENDLETON DRIVE  
T. L. ADAMS SUITE T A 2010  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

5530 PENDLETON DRIVE  
T. L. ADAMS SUITE T A 2010  
ORLANDO, FL 32839

**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:**

ADAMS, TIM L THD  
2404 MONTE CARLO TRAIL  
TIM ADAMS SUITE  
ORLANDO, FL 32805 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 T  
Name: HILL, KAREN BSN  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: VP S  
Name: ADAMS, TIM THD  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: CURRY, ROOSEVELT PR  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: PIERRE, SIMON  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: TAYLOR, KEN  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: D  
Name: ADAMS, VICTOR  
Address: SUITE HBCU @ 5530 PENDLETON DRIVE  
City-St-Zip: ORLANDO, FL 32839

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: TIM L. ADAMS

VP

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date