


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90277 036 ****70.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # N32026 1. Entity Name FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY (FAMU) NATIONAL RATTLER "F" CLUB, INCORPORATED | | | |  | |
| Principal Place of Business 2200 NW 24TH ROAD OCALA, FL 34475 | | | | Mailing Address 2200 NW 24TH ROAD OCALA, FL 34475 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-3134686 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DURHAM, MARCELLAS 2402 TRESPOTT DRIVE TALLAHASSEE, FL 32312 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | P <input type="checkbox"/> Delete | | | | |
| NAME | WHITFIELD, JENKINS | | | | |
| STREET ADDRESS | 2200 NW 24TH ROAD | | | | |
| CITY-ST-ZIP | OCALA, FL 34475 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | DURHAM, MARCELLAS | | | | |
| STREET ADDRESS | 2402 TRESPOTT DRIVE | | | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | REED, BILLY | | | | |
| STREET ADDRESS | 3710 E SHADOWLAND AVE | | | | |
| CITY-ST-ZIP | TAMPA, FL 33610 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | FLOYD, VERNON | | | | |
| STREET ADDRESS | 1611 AVENUE S. | | | | |
| CITY-ST-ZIP | FT. PIERCE, FL | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | JOHNSON, JIMMIE | | | | |
| STREET ADDRESS | 4359 HOMER RD. | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | MARSHALL, SAMUEL T | | | | |
| STREET ADDRESS | 901 S. MANGONIA CIR. | | | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Whitfield Jenkins</u> 11/20/04 (352) 351-0824 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |