

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44542** (1)
1. Corporation Name
FAMU-FSU COLLEGE OF ENGINEERING ALUMNI ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2525 POTSDAMER RD SUITE 332-H P O BOX 2175 TALLAHASSEE FL 32316-2175	2525 POTSDAMER RD SUITE 332-H P O BOX 2175 TALLAHASSEE FL 32316-2175

97 SEP 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/02/1991	3a. Date of Last Report 04/15/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2525 Potsdamer Street	26 2525 Potsdamer St.
Suite, Apt. #, etc. 22 SUITE 332	Suite, Apt. #, etc. 27 SUITE 332
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE FL
Zip 24 32310-6046	Zip 29 32310-6046
Country 25	Country 30

9. Name and Address of Current Registered Agent

CHEN, DR. CHING-JEN
2525 POTSDAMER ST.
STE. 332H
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 600002310466--8
84 City 10/02/97-01109-017 *****61.FL *****61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	COOPER, TROY	1.2 NAME	PARKER-GARVIN, WANDA
STREET ADDRESS	2930 COMMONWEALTH BLVD	1.3 STREET ADDRESS	3943 MAGELLAN TRAIL
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE	D	2.1 TITLE	D
NAME	COOPERSON, DAVID	2.2 NAME	BRINSON, KEVIN
STREET ADDRESS	725 W LAFAYETTE ST	2.3 STREET ADDRESS	2525 POTSDAMER ST Rm 256
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32310-6046
TITLE	D	3.1 TITLE	ASHLEY, KAREN
NAME	KADNAR, JOY O	3.2 NAME	ASHLEY, KAREN
STREET ADDRESS	325-5 PENNELL CIR	3.3 STREET ADDRESS	616 CEDAR SPRING DRIVE
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	JACKSON MS 39212
TITLE	P	4.1 TITLE	D
NAME	PARKER, WANDA G	4.2 NAME	TURNER-JONES, JANET
STREET ADDRESS	3943 MAGELLAN TRAIL	4.3 STREET ADDRESS	PO Box 95 (N/A)
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	LA MONT FL 32336
TITLE		5.1 TITLE	D
NAME		5.2 NAME	JACKSON, CELORA
STREET ADDRESS		5.3 STREET ADDRESS	2750 OLD ST AUGUSTINE Rd #1203
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE		6.1 TITLE	D
NAME		6.2 NAME	JONES, FRANCESKA
STREET ADDRESS		6.3 STREET ADDRESS	3 BARTEMUS TR. #106
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NASHUA NH 03063

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wanda Parker **REQUIRED** 8/24/97 921-9388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/97)