## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

FAMU-FSU COLLEGE OF ENGINEERING ALUMNI ASSOCIATI

**FILED** 

Mar 30 1998 8:00am

Secretary of State

ON, INC. Principal Place of Business Mailing Address 2525 POTTSDAMER STREET 2525 POTTSDAMER STREET 3. Date incorporated or Qualified SUITE 332 SUITE 332 08/02/1991 TALLAHASSEE FL 32310-6046 TALLAHASSEE FL 32310-6046 4. FEI Number Applied For NOT APPLICABLE Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional П 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be Election Campaign Financing 22 Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes □ No 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHEN, DR. CHING-JEN 82 Street Address (P.O. Box Number is Not Acceptable) 2525 POTTSDAMER ST. STE. 332H 83 TALLAHASSEE FL 32310 84 Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition PARKER-GARVIN, WANDA NAME 1.2 NAME STREET ADDRESS 3943 MAGELLAN TRAIL 1.3 STREET ADDRESS **TALLAHASSEE FL 32303** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE Change Brinson, Kevin NAME 2.2 NAME 2525 POTTSDAMER ST., RM. 256 STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32310-6046 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition ASHLEY, KAREN NAME 3.2 NAME 616 CEDAR SPRING DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACKSON MS 39212 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition TURNER-JONES, JANET NAME 4.2 NAME P.O. BOX 95 N/A STREET ADDRESS 4.3 STREET ADDRESS **LAMONT FL 32336** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE JACKSON, LELORA NAME 5.2 NAME 2750 OLD ST. AUGUSTINE RD. #T203 STREET ADDRESS 5.3 STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME JONES, FRANCHESKA 6.2 NAME 3 BARTHEMUS TR. #106 STREET ADDRESS 6.3 STREET ADDRESS NASHUA NH 03063 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. 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 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:** 

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