

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 22 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002406

1. Entity Name
FLORIDA AGRICULTURAL AND MECHANICAL
UNIVERSITY RESERVE OFFICERS TRAINING CORPS
ASSOCIATION (FAMU)



Principal Place of Business
1500 WAHNSH WY
TALLAHASSEE, FL 32307

Mailing Address
1500 WAHNSH WY
TALLAHASSEE, FL 32307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212005

Chg-NP

CR2E037 (10/03)

MRS

4. FEI Number
59-3383180

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DURHAM, MARCELLAS
2402 TRESSCOTT ST.
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MORAN, JAMES L JR.
STREET ADDRESS 551 STONEHOUSE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE VD ☐ Delete
NAME HAYNES, B.K.
STREET ADDRESS 2556 CENTERVILLE CT.
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE TD ☐ Delete
NAME BLOUT, EDGAR E
STREET ADDRESS 309 GAWAIN
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE SD ☐ Delete
NAME BARRON, RONALD
STREET ADDRESS 5507 TOURAIN DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300047053613
CITY-ST-ZIP 02/22/05--01033--025 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edgar E. Blount
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-05