



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002406						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">06 MAR 29 PM 1:14</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				03142006 Chg-NP CR2E037 (11/05)	
City & State				City & State				4. FEI Number 59-3383180	
Zip		Country		Zip		Country		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
Filing Fee is \$61.25 Due by May 1, 2006				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					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE PD NAME MORAN, JR, JAMES L STREET ADDRESS 551 STONEHOUSE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete				TITLE PD NAME Washington, Samuel Jr. STREET ADDRESS 2512 Lindsey Ct CITY-ST-ZIP Tallahassee, FL 32310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE VD NAME HAYNES, B.K. STREET ADDRESS 2556 CENTERVILLE CT. CITY-ST-ZIP TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete				TITLE VD NAME Scott, Kelvin STREET ADDRESS 2390 Gregory Dr CITY-ST-ZIP Tallahassee, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE TD NAME BLOUT, EDGAR E STREET ADDRESS 309 GAWAIN CITY-ST-ZIP TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE SD NAME BARRON, RONALD STREET ADDRESS 5507 TOURAIN DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">100074509591</div> <div style="font-size: 0.8em;">05/12/06--01014--005 **70.00</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: right; font-size: 1.5em; margin-top: 20px;">  </div>				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Edgar E. Blunt</i>					<i>Mar 29, 2006</i> 877-5796				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date Daytime Phone #				