

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 APR -4 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3383180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DURHAM, MARCELLAS  
2402 TRESCOTT ST.  
TALLAHASSEE, FL 32312

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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: *Marcellas Durham*

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

(NOTE: Registered Agent signature required when renewing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
WASHINGTON, SAMUEL JR.  
STREET ADDRESS 2512 LINDSEY CT.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE  
NAME VD  
SCOTT, KELVIN  
STREET ADDRESS 3290 GREGORY DR.  
CITY-ST-ZIP TALLAHASSEE, FL 32312

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700095809537  
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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:

*Edgar E. Blout*

(Signature, typed or printed name of signing officer or director)

Date

Daytime Phone #

4/4/07