

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90042 010 ****70.00

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1. Corporation Name

FAMU COMMUNITY DEVELOPMENT CORPORATION

285566 - 90042 - 10

Principal Place of Business

400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL 32307

Mailing Address

400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL 32307



2. Principal Place of Business

21 636 ARDELIA COURT

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL

Zip Country

24 32307 25 USA

2a. Mailing Address

26 P.O. BOX 7356

Suite, Apt. #, etc.

27

City & State

28 TALLAHASSEE FL

Zip Country

29 32314 30 USA

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

59-3498319

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAMILTON, FRANKLIN D
400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
TALLAHASSEE FL 32307

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME HAMILTON, FRANKLIN D
STREET ADDRESS 400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE D ☐ DELETE

NAME SLOAN, A. DELORIES
STREET ADDRESS 308 FOOTE-HILYER, FAMU
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE D ☐ DELETE

NAME BENNETT, NELSON E
STREET ADDRESS 400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY
CITY-ST-ZIP TALLAHASSEE FL 32307

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: NELSON E BENNETT

3-28-99

Date

599-3527

Daytime Phone #

CR2E037 (11/98)