


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90011 049 ****70.00

DOCUMENT # N98000002425							
1. Entity Name FAMU COMMUNITY DEVELOPMENT CORPORATION							
Principal Place of Business 636 ARDELIA CT TALLAHASSEE, FL 32307		Mailing Address PO BOX 7356 TALLAHASSEE, FL 32314					
2. Principal Place of Business 2613 S. Monroe St.		3. Mailing Address 2613 S. Monroe St.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3498319			
Zip 32301		Country USA		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HAMILTON, FRANKLIN D 400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY TALLAHASSEE, FL 32307			Name Patricia W. McGill, Ph.D.				
			Street Address (P.O. Box Number is Not Acceptable) 2613 S. Monroe Street				
			City Tallahassee		State FL	Zip Code 32301	
			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 <i>Patricia W. McGill</i>			DATE <i>9/1/04</i>				
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 September 8, 2004		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	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DUPONT, STERLING	NAME	Williams, Dorothy P.				
STREET ADDRESS	35 MLK JR BLVD	STREET ADDRESS	748 E. 9th Avenue				
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	Tallahassee, FL 32303				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	JONES, OLIVER	NAME	Telfair, Gene				
STREET ADDRESS	412 TUCKER HALL, FAMU	STREET ADDRESS	1610 S. Monroe St.				
CITY-ST-ZIP	TALLAHASSEE, FL 32307	CITY-ST-ZIP	Tallahassee, FL 32301				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WRIGHT, RODNER	NAME	Inge, Leonard				
STREET ADDRESS	1936 S. MLK BLVD, FAMU	STREET ADDRESS	682 Gamble St.				
CITY-ST-ZIP	TALLAHASSEE, FL 32307	CITY-ST-ZIP	Tallahassee, FL 32307				
TITLE	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Medina, John				
STREET ADDRESS		STREET ADDRESS	1201 N. Monroe St.				
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32303				
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Bullard, Joseph				
STREET ADDRESS		STREET ADDRESS	3117 Brookridge Dr.				
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32305				
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Francis, Evett				
STREET ADDRESS		STREET ADDRESS	106 E. College Ave., Suite 720				
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32301				
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: <i>Patricia W. McGill</i>			DATE: <i>9/1/04</i>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				

Attachment 24084201
N980000002425

FAMU Community Development Corporation

Board of Directors Continuation Sheet

ADDITIONS

D

Jackson, Eddie
3113 Brookridge Drive
Tallahassee, FL 32305

D

Jones, Iris
200 W. Forsyth St., 5th Floor
Jacksonville, FL 32202

D

McGill, Patricia
2613 S. Monroe St.
Tallahassee, FL 32301

D

Moore, Phyllis
P.O. Box 1799
Quincy, FL 32363-1799

D

Paul, Gary
411 Tucker Hall
Tallahassee, FL 32307

D

Pugh, Tom
1936 S. MLK Blvd
Tallahassee, FL 32307

D

White II, John
1401 Old Bainbridge Road
Tallahassee, FL 32303