

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

06-09-2003 90112 037 ****70.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3498319**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, FRANKLIN D	
STREET ADDRESS	400 FOOTE-HILYER, FLORIDA A&M UNIVERSITY	
CITY-ST-ZIP	TALLAHASSEE FL 32307	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, A. DELORIES	
STREET ADDRESS	308 FOOTE-HILYER, FAMU	
CITY-ST-ZIP	TALLAHASSEE FL 32307	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, OLIVER	
STREET ADDRESS	412 TUCKER HALL, FAMU	
CITY-ST-ZIP	TALLAHASSEE FL 32307	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, RODNER	
STREET ADDRESS	1938 S. MLK BLVD, FAMU	
CITY-ST-ZIP	TALLAHASSEE FL 32307	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DuPont, Sterling	
STREET ADDRESS	35 Martin Luther King, Jr., Blvd.	
CITY-ST-ZIP	Quincy FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: (X) SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/03

599.3244

CR2E037 (10/02)