

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 035 ****70.00

DOCUMENT # N98000005515					
1. Entity Name FLORIDA A&M UNIVERSITY ALUMNI ASSOCIATION OF PALM BEACH COUNTY, INC.					
Principal Place of Business ARTHUR HAMILTON P.O BOX 10274 RIVIERA BEACH, FL 33419			Mailing Address ARTHUR HAMILTON P.O BOX 10274 RIVIERA BEACH, FL 33419		
2. Principal Place of Business WANDA THOMAS		3. Mailing Address WANDA THOMAS			
Suite, Apt. #, etc. 1312 13TH WAY		Suite, Apt. #, etc. 1312 13TH WAY			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33407	Country	Zip 33407	Country		
4. FEI Number 59-2310040					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JEFFERSON, JAMES J 515 S MANGONIA CIRCLE WEST PALM BEACH, FL 33401					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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, 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 P NAME HAMILTON, ARTHUR STREET ADDRESS P.O BOX 10274 CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete		TITLE P NAME WANDA THOMAS STREET ADDRESS 1312 13TH WAY CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 1VD NAME FERGUSON, GWENDOLYN STREET ADDRESS P.O BOX 3531 CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME RANDOLPH, ETHEL STREET ADDRESS 106 LYMAN PLACE CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete		TITLE SD NAME KATHLEEN JONES STREET ADDRESS 1416 N. MANGONIA DRIVE CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME GORE, REGINA S STREET ADDRESS 1025 14TH ST. APT. #6 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE TD NAME ANGELA HARDNETT STREET ADDRESS 4312 HEATH CIRCLE SOUTH CITY-ST-ZIP WEST PALM BEACH, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CSD NAME WYLY, BARBARA J STREET ADDRESS 1550 WEST 13TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE 2VD NAME NICOLE JONES STREET ADDRESS 430 W. 37TH STREET CITY-ST-ZIP RIVIERA BEACH, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Wanda M. Thomas</u>			Date <u>4/27/04</u> Daytime Phone # <u>(561) 596-1553</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					