

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90553 001 \*\*\*\*70.00

<b>DOCUMENT # N98000005515</b>					
<b>1. Entity Name</b> FLORIDA A&M UNIVERSITY ALUMNI ASSOCIATION OF PALM BEACH COUNTY, INC.					
<b>Principal Place of Business</b> WANDA THOMAS 1312 13TH WAY WEST PALM BEACH, FL 33407			<b>Mailing Address</b> WANDA THOMAS 1312 13TH WAY WEST PALM BEACH, FL 33407		
<b>2. Principal Place of Business</b> James Jefferson Suite, Apt. #, etc. 515 S Mangonia Circle City & State West Palm Beach, FL Zip 33401 Country United States		<b>3. Mailing Address</b> James Jefferson Suite, Apt. #, etc. 515 S Mangonia Circle City & State West Palm Beach, FL Zip 33401 Country United States		<b>14015250</b> 	
<b>4. FEI Number</b> 59-2310040				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04272005 Chg-NP CR2E037 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> JEFFERSON, JAMES J 515 S MANGONIA CIRCLE WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b> SIGNATURE:  JAMES J. JEFFERSON 4/27/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> THOMAS, WANDA <b>STREET ADDRESS</b> 1312 13TH WAY <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> James Jefferson <b>STREET ADDRESS</b> 515 S Magonia Circle <b>CITY-ST-ZIP</b> West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> 1VD <b>NAME</b> FERGUSON, GWENDOLYN <b>STREET ADDRESS</b> P.O BOX 3531 <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> JONES, KATHLEEN <b>STREET ADDRESS</b> 1416 N. MANGONIA DR. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> HARDNETT, ANGELA <b>STREET ADDRESS</b> 4312 HEATH CIRCLE NORTH <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CSD <b>NAME</b> WYLY, BARBARA J <b>STREET ADDRESS</b> 1550 WEST 13TH STREET <b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> 2VD <b>NAME</b> JONES, NICOLE <b>STREET ADDRESS</b> 430 W. 37TH ST. <b>CITY-ST-ZIP</b> RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> ANGELA HARDNETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/27/05 (561)307-9089 <small>Date Daytime Phone #</small>		