

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90077 008 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JEFFERSON, JAMES J  
515 S MANGONIA CIRCLE  
WEST PALM BEACH FL 33401**

4. FEI Number **59-2310040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAMILTON, ARTHUR P.O. BOX 10274 RIVIERA BEACH FL 33404</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VD FERGUSON, GWENDOLYN P.O. BOX 3531 WEST PALM BEACH FL 33407</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VD NELSON, EDWARD 1337 W 37TH STREET RIVIERA BEACH FL 33404</b> <input checked="" type="checkbox"/> Delete (Deceased)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PRICE, KELANDRA 1258 W. 26TH COURT RIVIERA BEACH FL 33404</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GORE, REGINA S 1534 ISLAND SHORES DRIVE WEST PALM BEACH FL 33413</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD WYLY, BARBARA J 1550 WEST 13TH STREET RIVIERA BEACH FL 33404</b> <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"/> Change <input type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

*[Signature]*

*3/11/03 561-842-5502*

CR2E037 (10/02)