

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754846

FILED
Apr 30, 2015
Secretary of State
CC5498950308**Entity Name:** THE FLORIDA AFRICAN-AMERICAN STUDENT ASSOCIATION,
INCORPORATED**Current Principal Place of Business:**2417 MARY JEWETT CIRCLE
WINTER HAVEN, FL 33881**Current Mailing Address:**2417 MARY JEWETT CIRCLE
WINTER HAVEN, FL 33881**FEI Number: 59-2086242****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BIRDSONG, ELIZABETH A
2417 MARY JEWETT CIR N E
WINTER HAVEN, FL 33881 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT
Name RUFFEN, KAILAH
Address 225 AVENUE P, NE
City-State-Zip: WINTER HAVEN FL 33881Title SECRETARY
Name HARRIS, DESTINIE
Address 2001 ALPINE ROAD
 APT. #9
City-State-Zip: CLEARWATER FL 33755Title D
Name PARKER, JAMES
Address 7430 SUNSHINE SKYWAY LANE, UNIT
 805
City-State-Zip: ST. PETERSBURG FL 33711Title VP OF FINANCE
Name KING, DWAYNE
Address 1242 SOUTH C STREET
 LAKE WORTH
City-State-Zip: LAKE WORTH FL 33460Title CD
Name CLEVELAND, DONALD L
Address 3950 NW 75TH TERRACE
City-State-Zip: LAUDERHILL FL 33319Title D
Name HUNT, VERTRILLA K
Address 545 W. PALM VALLEY DRIVE
City-State-Zip: OVIEDO FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD L. CLEVELAND**CD****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date