

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754846

FILED
Apr 26, 2014
Secretary of State
CC3729568179**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	PD
Name	MCLAIN, HASAAN
Address	701 PEMBROKE ROAD #103
City-State-Zip:	PEMBROKE PINES FL 33023

Title	SECRETARY
Name	HARRIS, DESTINIE
Address	2001 ALPINE ROAD APT. #9
City-State-Zip:	CLEARWATER FL 33755

Title	D
Name	PARKER, JAMES
Address	7430 SUNSHINE SKYWAY LANE, UNIT 805
City-State-Zip:	ST. PETERSBURG FL 33711

Title	VP OF FINANCE
Name	GRANT, ALEXIS
Address	200 AVENUE K, SE APT. #32
City-State-Zip:	WINTER HAVEN FL 33880

Title	CD
Name	CLEVELAND, DONALD L
Address	3950 NW 75TH TERRACE
City-State-Zip:	LAUDERHILL FL 33319

Title	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: HASAAN MCLAIN**PRESIDENT****04/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date