

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005628

**Entity Name:** RESEARCH CENTERS IN MINORITY INSTITUTIONS  
PROGRAMS ASSOCIATION,INC.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC8835773768**

**Current Principal Place of Business:**

1520 ML KING JR BLVD  
COLLEGE OF PHARMACY, FLORIDA A&M UNIVER  
TALLAHASSEE, FL 32307

**Current Mailing Address:**

1520 ML KING JR BLVD  
COLLEGE OF PHARMACY, FLORIDA A&M UNIVER  
TALLAHASSEE, FL 32307

**FEI Number: 47-4203869**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOLIMAN, KARAM F  
1520 ML KING JR BLVD  
COLLEGE OF PHARMACY, FLORIDA A&M UNIVER  
TALLAHASSEE, FL 32307 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 P  
Name SOLIMAN, KARAM F  
Address 1520 ML KING JR BLVD, COLLEGE OF  
PHARMACY  
City-State-Zip: TALLAHASSEE FL 32307

Title VP  
Name TCHOUNWOU, PAUL B  
Address 1400 JR LYNCH ST, RCMI JSU  
City-State-Zip: JACKSON MS 39217

Title TREA  
Name BOND, VINCENT  
Address 2289 SCARLETT WALK  
City-State-Zip: STONE MOUNTAIN GA 30087

*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: KARAM F. SOLIMAN**

**PRESIDENT**

**03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date