

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003675

Entity Name: FLORIDA FUND FOR MINORITY TEACHERS, INC.**Current Principal Place of Business:**G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611-7045**Current Mailing Address:**P.O. BOX 117045
GAINESVILLE, FL 32611-7045**FEI Number:** 59-3391795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOWIE, MICHAEL V
G415 NORMAN HALL
UNIVERSITY OF FLORIDA
GAINESVILLE, FL 32611 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	CHAIRMAN, DIRECTOR
Name	GOOD, GLENN
Address	UNIV OF FLA, 140 NORMAN HALL
City-State-Zip:	GAINESVILLE FL 32611

Title	DIRECTOR
Name	CARTRIGHT, EVELYN
Address	1040 SW 110TH LANE
City-State-Zip:	DAVIE FL 33324

Title	DIRECTOR
Name	BAUER, JAMES
Address	16050 SW 89TH AVENUE RD
City-State-Zip:	VILLAGE OF PALMETTO BAY FL 33157

Title	DIRECTOR
Name	ERVIN, CHARLES
Address	8691 ALEXANDRITE COURT
City-State-Zip:	TALLAHASSEE FL 32309

Title	VC, DIRECTOR
Name	GILBERT, ULYSEES
Address	8440 NW 43RD LANE
City-State-Zip:	OCALA FL 34482

Title	DIRECTOR
Name	AGRAWAL, PIYUSH
Address	1625 EAGLE BEND
City-State-Zip:	WESTON FL 33327

Title	DIRECTOR
Name	DOSE, KENNETH
Address	2130 NE 16TH AVE
City-State-Zip:	WILTON MANORS FL 33305

Title	DIRECTOR
Name	EVANS, CHARLES
Address	851 CIRCLE DR.
City-State-Zip:	TALLAHASSEE FL 32301

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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: MICHAEL BOWIE**EXECUTIVE DIRECTOR****03/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title SECRETARY, DIRECTOR
Name HOGANS, LINDA
Address 5800 7TH STREET SOUTH
City-State-Zip: ST. PETERSBURG FL 33705

Title DIRECTOR
Name BRISCOE, DIANE
Address 4103 SUMMERDALE DR.
City-State-Zip: TAMPA FL 33624

Title DIRECTOR
Name MCKENZIE, TERI
Address 1519 CLEARLAKE ROAD
City-State-Zip: COCOA FL 32935

Title DIRECTOR
Name WILLIAMS, IANA
Address 2290 FELUCCA DR.
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR
Name WILCOX, ANTIONETTE
Address 3757 HAMPTON HILLS DRIVE
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name FOLEY, KATHLEEN
Address P.O. BOX 923
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name WRIGHT, SAMUEL
Address 3445-01 PARK SQUARE E
City-State-Zip: TAMPA FL 33613

Title TREASURER, DIRECTOR
Name SPIERS, WILLIAM
Address 3065 KILLEARN POINT CT.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name COWINS, BENJAMIN
Address 19410 NW 17TH AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

Title DIRECTOR
Name KUMAR, DAVID
Address 2501 SW 71ST TERRACE #116
City-State-Zip: DAVIE FL 33317

Title DIRECTOR
Name SMILEY, DELORES
Address 9855 NW 9TH COURT
City-State-Zip: PLANTATION FL 33324

Title EXECUTIVE DIRECTOR
Name BOWIE, MICHAEL
Address P.O. BOX 117045
City-State-Zip: GAINESVILLE FL 32611-7045