FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 FEB 29 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712633 (7)

1. Corporation Name
BETHUNE-COOKMAN COLLEGE, INC.

Principal Place of Business	Mailing Address
640 2ND AVENUE DAYTONA BEACH FL 32114-3012	640 2ND AVENUE DAYTONA BEACH FL 32114-3012

500001729915
-03/04/96--01003--022
*****61.25 *****61.25

3. Date Incorporated or Qualified: 04/20/1967
3a. Date of Last Report: 02/22/1995

4. FEI Number: 59-0704726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 640 Dr. Mary M. Bethune Bl	26 640 Dr. Mary M. Bethune Bl
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Daytona Beach, Florida	28 City & State: Daytona Beach, Florida
24 Zip: 32114-3099 25 Country: Volusia	29 Zip: 32114-3099 30 Country: Volusia

9. Name and Address of Current Registered Agent

COOK, ERNEST C., SR.
640 SECOND AVENUE
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

81 Name: Charles D. O'Duor
82 Street Address (P.O. Box Number is Not Acceptable): 640 Dr. Mary McLeod Bethune Boulevard
83
84 City: Daytona Beach **FL** 85 Zip Code: 32114-3099

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Charles D. O'Duor — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE: February 14, 1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BRONSON, OSWALD P.		1.2 NAME	Oswald P. Bronson, Sr.	
STREET ADDRESS	709 SECOND AVENUE		1.3 STREET ADDRESS	640 Dr. Mary McLeod Bethune Boulevard	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	Daytona Beach, FL 32114-3099	
TITLE	D	☐ DELETE	2.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	DAVIS, GEORGE E.		2.2 NAME	George E. Davis	
STREET ADDRESS	2001 N. W. 23RD TERRACE		2.3 STREET ADDRESS	2001 N.W. 23rd Terrace	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	V	☒ DELETE	3.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	COOK, ERNEST C.		3.2 NAME	Charles D. O'Duor	
STREET ADDRESS	640 2ND AVENUE		3.3 STREET ADDRESS	640 Dr. Mary McLeod Bethune Boulevard	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	Daytona Beach, FL 32114-3099	
TITLE	D	☒ DELETE	4.1 TITLE	Trustee	☒ Change ☐ Addition
NAME	GIBBS, MCCOY M.		4.2 NAME	Willie E. Gary	
STREET ADDRESS	411 OAK HAMMOCK LANE		4.3 STREET ADDRESS	221 East Osceola Street	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	Stuart, FL 34994	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ALICE E.		5.2 NAME		
STREET ADDRESS	801 FOURTH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, WENDELL P		6.2 NAME		
STREET ADDRESS	PO BOX 2704		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Oswald P. Bronson, Sr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oswald P. Bronson, Sr.

February 14, 1996 — Date

(904) 255-1401 — Daytime Phone #