SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED AND FILED

97 OCT -6 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 712633 **(7)**

1. Corporation Name
BETHUNE-COOKMAN COLLEGE, INC.

Principal Place of Business	Mailing Address
640 DR. MARY M. BETHUNE BLVD. DAYTONA BEACH FL 32114-3099	640 DR. MARY M. BETHUNE BLVD. DAYTONA BEACH FL 32114-3099

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1967
3a. Date of Last Report: 02/29/1996

	2. Principal Place of Business	2a. Mailing Address
21	Bethune-Cookman College	Bethune-Cookman College
26	Office of Fiscal Affairs	Office of Fiscal Affairs
Suite, Apt. #, etc.	McLeod	McLeod
22 / 27	640 Dr. Mary Bethune Bl	640 Dr. Mary Bethune Bl
City & State 23 / 28	Daytona Beach, FL	Daytona Beach, FL
Zip 24 / 29	32114-3099	32114-3099
Country 25 / 30	U.S.A.	U.S.A.

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'DOUR, CHARLES D 640 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BEACH FL 32114-3099	81 Name: Charles D. O'Duor 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

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, VP for Fiscal Affairs 7/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BRONSON, OSWALD P SR.		1.2 NAME	Bronson Sr., Dr. Oswald P.
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	Secretary, Board of Trustees ☒ Change ☐ Addition
NAME	DAVIS, GEORGE E.		2.2 NAME	
STREET ADDRESS	2001 N. W. 23RD TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	Vice President for Fiscal Affairs ☒ Change ☐ Addition
NAME	O'DOUR, CHARLES D		3.2 NAME	Charles D. O'Duor
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	1st Chairman, Board of Trustees ☒ Change ☐ Addition
NAME	GARY, WILLIAM E		4.2 NAME	
STREET ADDRESS	221 EAST OSCEOLA STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	Treasurer ☒ 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	Chairman, Board of Trustees ☐ Change ☐ Addition
NAME	HOLMES, WENDELL P		6.2 NAME	A. Cleveland 10/6/97
STREET ADDRESS	PO BOX 2704		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles D. O'Duor FILED Charles D. O'Duor 7/25/97 (904)255-1401

CR2E037 (4/97)