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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **712633** (7)

1. Corporation Name

BETHUNE-COOKMAN COLLEGE, INC.

Principal Place of Business

Mailing Address

**640 DR. MARY MCLEOD BETHUNE
DAYTONA BEACH FL 32114-3099**

**640 DR. MARY MCLEOD BETHUNE
DAYTONA BEACH FL 32114-3099**



3. Date Incorporated or Qualified

04/20/1967

4. FEI Number

59-0704726

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BRONSON, OSWALD P SR.	
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099	

TITLE	SD	☐ DELETE
NAME	DAVIS, GEORGE E.	
STREET ADDRESS	2001 N. W. 23RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	VP	☐ DELETE
NAME	O'DOUR, CHARLES D	
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3099	

TITLE	T	☐ DELETE
NAME	GARY, WILLIAM E	
STREET ADDRESS	221 EAST OSCEOLA STREET	
CITY-ST-ZIP	STUART FL 34994	

TITLE	T	☐ DELETE
NAME	MOORE, ALICE E.	
STREET ADDRESS	801 FOURTH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	CT	☐ DELETE
NAME	HOLMES, WENDELL P	
STREET ADDRESS	PO BOX 2704	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

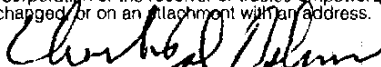
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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

2/23/98

(904) 255-1401

CR2E037 (10/97)