FILE NOW: FILING FEE IS $61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 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 (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

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

O'DOUR, CHARLES D
640 DR. MARY MCLEOD BETHUNE BLVD.
DAYTONA BEACH FL 32114-3099

10. Name and Address of New Registered Agent

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRONSON, OSWALD P SR.		1.2 NAME		
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	SD	☐ DELETE	2.1 TITLE		☐ 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	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'DOUR, CHARLES D		3.2 NAME		
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		☐ 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		☐ 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	CT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLMES, WENDELL P		6.2 NAME		
STREET ADDRESS	PO BOX 2704 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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'Dour Charles D. O'Duor 2/23/98 (904) 255-1401