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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90017 050 ****70.00

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DOCUMENT #

1. Corporation Name 712633
BETHUNE-Cookman College, Inc.

Principal Place of Business / Mailing Address

640 Mary McLeod Bethune Blvd.
Daytona Beach, Fl 32114-3099

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
1 same as above	26 same as above	April 20,1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number / Applied For / Not Applicable
2 n/a	27 n/a	590704726
City & State	City & State	5. Certifcate of Status Desired [X] $8.75 Additional Fee Required
3 same as above	28 same as above	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
4 same as above [X] Volusia	29 same as above [X] Volusia	

9. Name and Address of Current Registered Agent

Charles O'Dour (resigned August 1998)
Bethune-Cookman College
Daytona Beach, Fl 32114

10. Name and Address of New Registered Agent

81 Name: Kirit A. Patel
82 Street Address (P.O. Box Number is Not Acceptable): 640 Mary McLeod Bethune Blvd.
83 Bethune-Cookman College
Daytona Beach, Fl
84 City: Daytona Beach, Fl 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: K Patel 7/1/99
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	Vice President For Fiscal Affairs [ ] DELETE -delete	1.1 TITLE	Associate V.P. Fiscal Affairs [X] Change [ ] Addition
NAME	Charles O'Dour	1.2 NAME	Kirit A. Patel
STREET ADDRESS	640 Mary McLeod Bethune Blvd.	1.3 STREET ADDRESS	640 Mary McLeod Bethune Blvd.
CITY-ST-ZIP	Daytona Beach, Fl 32114	1.4 CITY-ST-ZIP	Daytona Beach, Fl 32114
TITLE T	Trustee [X] DELETE	2.1 TITLE T	Trustee [X] Change [ ] Addition
NAME	Alice E. Moore	2.2 NAME	Kathleen Rydell
STREET ADDRESS	640 Mary McLeod Bethune Blvd.	2.3 STREET ADDRESS	2911 Safe Harbor Drive
CITY-ST-ZIP	Daytona Beach, Fl 32114	2.4 CITY-ST-ZIP	Tampa, Fl 33618
TITLE T	Trustee [X] DELETE	3.1 TITLE T	Trustee [X] Change [ ] Addition
NAME	George E. Davis	3.2 NAME	Mary Alice Massey
STREET ADDRESS	640 Mary McLeod Bethune Blvd.	3.3 STREET ADDRESS	6750 Epping Forest Way,N.#106
CITY-ST-ZIP	Daytona beach, Fl	3.4 CITY-ST-ZIP	Jacksonville ,Fl 32207
TITLE T	Trustee- Board Chair [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	Wendell P. Holmes,Jr.	4.2 NAME	
STREET ADDRESS	640 Mary McLeod bethune Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Daytona Beahe, Fl 32114	4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: K Patel Kirit A. Patel 7/1/99 (904) 255-1401 x 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #