2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#712633

FILED Aug 24, 2006 Secretary of State

Entity Name: BETHUNE-COOKMAN COLLEGE, INC.

Current Principal Place of Business: New Principal Place of Business: 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 321143099 **Current Mailing Address: New Mailing Address:** 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 321143099 FEI Number: 59-0704726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTGOMERY, E. DEAN 640 MARY MCLÉOD BETHUNE BLVD DAYTONA BEACH, FL 321143099 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MATTHEWS, IRVING J Name: Name: Address: 640 MARY MCLEOD BETHUNE BLVD Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, KIRIT A Name: Name: Address: 640 MARY MCLEOD BETHUNE BLVD Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition ROUGHTON, PHILLIP H Name: Name: 640 MARY MCLEOD BETHUNE BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 321143099 City-St-Zip: () Delete Title: Title: () Change () Addition KIBBE-REED, TRUDIE DR. Name: Name: 640 MARY MCLEOD BETHUNE BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 321143099 City-St-Zip: Title: Title: () Delete () Change () Addition MONTGOMERY, E. DEAN Name: Name: 640 MARY MCLEOD BETHUNE BLVD Address: Address: DAYTONA BEACH, FL 321143099 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. DEAN MONTGOMERY V 08/24/2006