2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # 712633

1. Entity Name
BETHUNE-COOKMAN UNIVERSITY INC.

Principal Place of Business	Mailing Address
640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114-3099	640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114-3099

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0704726
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTGOMERY, E. DEAN
640 MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 32114-3099

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MATTHEWS, IRVING J
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	AV
NAME	PETERS, MELISSA M
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	T
NAME	ROUGHTON, PHILLIP H
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 321143099
TITLE	P
NAME	KIBBE-REED, TRUDIE DR.
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 321143099
TITLE	V
NAME	MONTGOMERY, E. DEAN
STREET ADDRESS	640 MARY MCLEOD BETHUNE BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 321143099
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000844033
03/12/08-80018-022 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Melissa M. Peters 2-22-08 (386)481-2580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #