

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 640 MARY MCLEOD BETHUNE BLVD DAYTONA BEACH, FL 32114-3099	Mailing Address 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

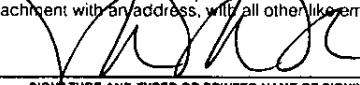
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

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

DO NOT WRITE
IN THIS SPACE

U000000844033
03/12/08-80018-022 70.00

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 #