2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# 712633

Entity Name: BETHUNE-COOKMAN UNIVERSITY INC.

Current Principal Place of Business:

640 MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 321143099

New Principal Place of Business:

640 DR MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 321143099

Current Mailing Address:

640 MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 321143099

New Mailing Address:

640 DR 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)**

Name and Address of Current Registered Agent:

MONTGOMERY, E. DEAN
640 MARY MCLEOD BETHUNE BLVD
DAYTONA BEACH, FL 321143099 US

Name and Address of New Registered Agent:

MONTGOMERY, E. DEAN
640 DR MARY MCLEOD 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: _____ 01/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MATTHEWS, IRVING J
Address: 640 MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: AV ( ) Delete
Name: PETERS, MELISSA M
Address: 640 MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: ROUGHTON, PHILLIP H
Address: 640 MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 321143099

Title: P ( ) Delete
Name: KIBBE-REED, TRUDIE DR.
Address: 640 MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 321143099

Title: V ( ) Delete
Name: MONTGOMERY, E. DEAN
Address: 640 MARY MCLEOD BETHUNE BLVD
City-St-Zip: DAYTONA BEACH, FL 321143099

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA M PETERS AV 01/19/2009
Electronic Signature of Signing Officer or Director — Date