

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 4/28/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

APPROVED AND FILED

95 JUN 27 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721723 (5)

1. Corporation Name
NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN COLLEGE, INCORPORATED

Principal Place of Business
1% BETHUNE-COOKMAN COLLEGE INC.
236 N DRIVE MARTIN LUTHER KING BLVD
DAYTONA BEACH FL 32014

Mailing Address
NATIONAL ALUMNI
640 DR. MARY McLEOD BLVD.
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
25
Suite, Apt. #, etc.
26
City & State
27
Zip Country
28

3. Date Incorporated or Qualified
09/17/1971

3a. Date of Last Report
03/25/1994

4. FEI Number
07-0006706

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

8. Name and Address of Current Registered Agent

OLIVER, PINKIE B.
1328 IMPERIAL DR.
DAYTONA BEACH FL 32017

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85 Zip Code**

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, DOROTHY M.
STREET ADDRESS	393 N SENECA ST
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	V
NAME	WILLIAMS, JOHN H
STREET ADDRESS	1764 NW 192ND ST.
CITY - ST - ZIP	MIAMI FL 33056
TITLE	S
NAME	WALKER, EVELYN B.
STREET ADDRESS	421 HANCOCK LANE
CITY - ST - ZIP	PENSACOLA FL
TITLE	PD
NAME	WILLIAMS, ROBERT
STREET ADDRESS	958 ROYAL OAKS DR.
CITY - ST - ZIP	APOPKA FL
TITLE	D
NAME	OLIVER, PINKIE B
STREET ADDRESS	1328 IMPERIAL DR
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*****61.25 *****61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, 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.

SIGNATURE: *Pinkie B. Oliver* **6/12/95** **904-253-4508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Pinkie B. Oliver

CR2E037 (3/95)