

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
% BETHUNE-COOKMAN COLLEGE INC.  
236 N DRIVE MARTIN LUTHER KING BLVD  
DAYTONA BEACH FL 32014  
NATIONAL ALUMNI  
640 DR. MARY MCLEOD BLVD.  
DAYTONA BEACH FL 32114-3012

3. Date Incorporated or Qualified 09/17/1971  
3a. Date of Last Report 01/31/1996  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	HILL, DOROTHY M.
STREET ADDRESS	393 N SENECA ST
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN H
STREET ADDRESS	1764 NW 192ND ST.
CITY-ST-ZIP	MIAMI FL 33056
TITLE	S <input type="checkbox"/> DELETE
NAME	QUASH, JENNIFER
STREET ADDRESS	POST OFFICE BOX 616039
CITY-ST-ZIP	ORLANDO FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT
STREET ADDRESS	958 ROYAL OAKS DR.
CITY-ST-ZIP	APOPKA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	OLIVER, PINKIE B
STREET ADDRESS	1328 IMPERIAL DR
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	<input type="checkbox"/> DELETE
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	Brown, Myrtle B.
2.3 STREET ADDRESS	1441 Circle Drive West
2.4 CITY-ST-ZIP	Baldwin, NY 11570
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Williams, John H.
4.3 STREET ADDRESS	1764 NW 192nd Street
4.4 CITY-ST-ZIP	Miami, FL 33056
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
*President, Alumni Affairs*  
*Pinkie B. Oliver 3/4/97*

CR2E037 (9/96)