## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721723

(5)

## NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN C OLLEGE, INCORPORATED

Principal Place of Business Mailing Address NATIONAL ALUMNI % BETHUNE-COOKMAN COLLEGE INC. 640 DR. MARY MCLEOD BLVD. 236 N DRIVE MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32114-3012 DAYTONA BEACH FL 32014 3. Date Incorporated or Qualified 09/17/1971 3a. Date of Last Report 01/31/1996 4. FEI Number 07-0006706 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **B1** OLIVER, PINKIE B. 82 Street Address (P.O. Box Number is Not Acceptable) 1328 IMPERIAL DR. 83 DAYTONA BEACH FL 32017 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE TD NAME HILL, DOROTHY M. 1.2 NAME 393 N SENECA ST STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BCH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 21 TITLE TITLE Brown, Myrtle B. WILLIAMS, JOHN H NAME 2.2 NAME 1441 Circle Drive West 1764 NW 192ND ST. 23 STREET ADDRESS STREET ADDRESS MIAMI FL 33056 Baldwin, NY 11570 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME **QUASH. JENNIFER** 3.2 NAME POST OFFICE BOX 616039 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change .... Addition 4.1 TITLE TITLE Williams, John H. WILLIAMS, ROBERT 4. 2 NAME NAME 1764 NW 192nd Street 958 ROYAL OAKS DR. 4.3 STREET ADDRESS STREET ADDRESS Miami, FL 33056 APOPKA FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE OLIVER, PINKIE B 5.2 NAME NAME 1328 IMPERIAL DR **5.3 STREET ADDRESS** STREET ADDRESS DAYTONA BCH FL 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST - ZIP 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 profit at required by Charter 617, Florida Statutes; and that my pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: D. C. S. C. S.

Daytime Phone #0000054

FILED

Mar 10 1997 8:00am

Secretary of State