2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 16, 2005 8:00 am Secretary of State

					Sec	cretary	/ OI St	ate
DOCUMENT # 721723 1. Entity Name NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN COLLEGE, INCORPORATED						16-2005 9003		
Principal Place of Business % 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					100 100 100 100 100 100 100 100 100 100	_
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07112005 Chg-N	IP CR2	E037 (10/03)	
City & State		City & State			4. FEI Number Applied For 07-0006706 Not Applied ble			
Zip Country		Zip	Country		5. Certificate of Status	Desired	\$8.75 Add Fee Require	titional d
	6. Name and Address of Current			7. Name and Address	of New Register	ed Agent		
MONGAL, JACQUELINE				Name				
826 N KO	TTLE CIRCLE A BEACH, FLO32114		Street A	eet Address (P.O. Box Number is Not Acceptable)				
, .			City			F	Zip Cod	e
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 Lacquiline J. Mongal, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filling Fee is \$61.25 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees	Florida De	eck payable to partment of St	ate
10.	OFFICERS AND DIR	ECTORS	11.		DDITIONS/CHANGES T	O OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, MYRTLE B 1441 CIRCLE DRIVE WEST BALDWIN, NY 11510	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27/2	quline T. Mo N. Kottle Cu tona Beach, I	r, *	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WASHINGTON, CATHY 937 LOCKHART ST DAYTONA BEACH, FL 32114	t Z I Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeni 1172 Orla	ifer L. Qua Jessamine ndo, FL 328	sh Lake Ct	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMILTON, MELINDA 8006 N SAVANNAH CIRCLE DAVIE, FL 33329	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1320	ia Bartley Hobbs Ave usville, FL 3	nue	₽ -Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		olyn Martin Mark Avenu tona Beach,		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). 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: Jacque J. Mongal Jacque T. Mongal 8-12-05 (386) 323-9548

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Date Destrict Private &