

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # 721723

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



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**

DO NOT WRITE IN THIS SPACE



05112006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
07-0006706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MONGAL, JACQUELINE
826 N KOTTLE CIRCLE
DAYTONA BEACH, FL 32114**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000564168
05/20/06-80048-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MONGAL, JACQUELINE T
STREET ADDRESS 826 NORTH KOTTLE CIRCLE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE V
NAME QUASH, JENNIFER L
STREET ADDRESS 1172 JESSAMINE LAKE COURT
CITY-ST-ZIP ORLANDO, FL 32825

TITLE S
NAME BARTLEY, GLORIA
STREET ADDRESS 1320 HOBBS AVENUE
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE T
NAME MARTIN, CAROLYN
STREET ADDRESS 536 MARK AVENUE
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Jacqueline T. Mongal
Jacqueline T. Mongal

5/11/06

(386) 323-9548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #