

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721723

FILED
Jan 06, 2009
Secretary of State

Entity Name: NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN COLLEGE, INCORPORATED

Current Principal Place of Business:

% BETHUNE-COOKMAN COLLEGE INC.
558 OAK STREET
DAYTONA BEACH, FL 32214

New Principal Place of Business:

Current Mailing Address:

NATIONAL ALUMNI
P.O. BOX 1899
DAYTONA BEACH, FL 32115

New Mailing Address:

FEI Number: 07-0006706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONGAL, JACQUELINE T
826 N KOTTLE CIRCLE
DAYTONA BEACH, FL 32114 US

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.

SIGNATURE: JACQUELINE T. MONGAL

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, EVELYN B
Address: 421 HANCOCK LANE
City-St-Zip: PENSACOLA, FL 32503

Title: V () Delete
Name: DOUGLAS, JOHNNY L
Address: 513 HILLDALE RD
City-St-Zip: BRANDON, FL 33510

Title: S () Delete
Name: JACOBS, CHRISTINE
Address: 3611 E. NORTH NAY ST.
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: MONGAL, JACQUELINE T
Address: 826 N. KOTTLE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: MARTIN, CAROLYN
Address: 536 MARK AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE T. MONGAL

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date