

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721723

**FILED**  
**Feb 26, 2017**  
**Secretary of State**  
**CC5501915697**

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

**Current Principal Place of Business:**

558 OAK STREET  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

P.O. BOX 11646  
DAYTONA BEACH, FL 32120 US

**FEI Number: 07-0006706**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

JOHNSON-YOUNG, GLEANDEAL  
558 OAK STREET  
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: GLEANDEAL JOHNSON-YOUNG**

**02/26/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ADAMS, JENNIFER L  
Address        1172 JESSAMINE LAKE COURT  
City-State-Zip: ORLANDO FL 32839

Title            VP  
Name            CARMEN, WILLIAMSON  
Address        180 POINT O WOODS DRIVE  
City-State-Zip: DAYTONA BEACH FL 32114

Title            EXECUTIVE SECRETARY  
Name            MORGAN, ASHLEY  
Address        2567 MIMOSA CIRCLE  
City-State-Zip: JACKSONVILLE FL 32209

Title            TREASURER  
Name            JOHNSON-YOUNG, GLEANDEAL  
Address        1297 B GREEN ROAD  
City-State-Zip: BOSTON GA 31626

Title            CORRESPONDING SECRETARY  
Name            LOPER, JONEVA  
Address        104 TUSCANY CHASE DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

Title            TRUSTEE  
Name            DAVIS, WAYNE  
Address        P.O. BOX 11646  
City-State-Zip: DAYTONA BEACH FL 32120

Title            PARLIMENTARIAN  
Name            WALKER-BLAND, CYNTHIA  
Address        7083 DRURY LANE  
City-State-Zip: ORLANDO FL 33018

Title            CHAPLAIN  
Name            BURNS, OBBIE  
Address        5692 REYNARD TRAIL  
City-State-Zip: LITHONIA GA 30038

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: GLEANDEAL JOHNSON-YOUNG**

**TREASURER**

**02/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PUBLIC RELATIONS  
Name THREEET, DEBORRAH  
Address 702 SE BREAKWATER AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34983