

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721723

**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: 59-2344490****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DELANCY, ROBERT  
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:** ROBERT DELANCY

02/17/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	DELANCY, ROBERT
Address	P.O. BOX 11646
City-State-Zip:	DAYTONA BEACH FL 32120

Title	VP
Name	GWENDOLYN, ANDERSON
Address	132 59TH AVENUE SOUTH
City-State-Zip:	ST. PETERBURG FL 33705

Title	EXECUTIVE SECRETARY
Name	BROWN-TATE, LAKEECHA
Address	3913 E. LAKE PLACE
City-State-Zip:	MIRAMAR FL 33023

Title	CORRESPONDING SECRETARY
Name	WILLIAMSON, CARMEN
Address	P.O. BOX 11646
City-State-Zip:	DAYTONA BEACH FL 32120

Title	TREASURER
Name	COOPER, SHARON J
Address	10 NE 131ST STREET
City-State-Zip:	NORTH MIAMI FL 33161

Title	CHAPLAIN
Name	SANDERS, GINA
Address	1202 TUXFORD DRIVE
City-State-Zip:	BRANDON FL 33511

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

Title	ALUMNI TRUSTEE
Name	SHORTER, MICHAEL
Address	7098 N. W. 49TH COURT
City-State-Zip:	LAUDERHILL FL 33319

**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:** SHARON J. COOPER

TREASURER

02/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	PARLIAMENTARIAN
Name	MCCRAY, JOHNNIE
Address	P.O. BOX 11646
City-State-Zip:	DAYTONA BEACH FL 32120