

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721723

**Entity Name:** DR. MARY MCLEOD BETHUNE NATIONAL ALUMNI ASSOCIATION INC.

**FILED**  
**Apr 23, 2023**  
**Secretary of State**  
**6827706984CC**

**Current Principal Place of Business:**

321 DAHOON HOLLY DRIVE  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

5460 N OCEAN DR  
APT 12B SUITE 12B  
RIVIERA BEACH, FL 33404 US

**FEI Number: 59-2344490**

**Certificate of Status Desired: No**

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

MCCRAY, JOHNNY  
5460 N OCEAN DR  
SUITE 12B  
RIVIERA BEACH, FL 33404 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: JOHNNY MCCRAY, JR. ESQUIRE**

**04/23/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCCRAY, JOHNNY  
Address        1219 HIBISCUS AVENUE  
City-State-Zip: POMPANO BEACH FL 33062

Title            VP  
Name            SHORTER, MICHAEL  
Address        7098 NW 49TH ST  
City-State-Zip: LAUDERHILL FL 33319

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

Title            TREASURER  
Name            STARKS, LAVAUGHN G  
Address        5460 N OCEAN DR  
                 SUITE 12B  
City-State-Zip: RIVIERA BEACH FL 33404

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

Title            SV  
Name            WILLIAMS, CLAIRE  
Address        321 DAHOON HOLLY DRIVE  
City-State-Zip: DAYTONA BEACH FL 32117

*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: LAVAUGHN STARKS**

**TREASURER**

**04/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date