

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **721723 (5)**

1. Corporation 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**

3. Date Incorporated or Qualified: **09/17/1971**      3a. Date of Last Report: **06/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **07-0006706**      Applied For:  Not Applicable

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

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **OLIVER, PINKIE B. 1328 IMPERIAL DR. DAYTONA BEACH FL 32017**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of registered agent and the filer, if applicable)      (If filer, Registered Agent signature required when registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DOROTHY M.	12 NAME	
STREET ADDRESS	393 N SENECA ST	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN H	22 NAME	
STREET ADDRESS	1764 NW 192ND ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, EVELYN B.	32 NAME	Secretary Quash, Jennifer
STREET ADDRESS	421 HANCOCK LANE	33 STREET ADDRESS	P.O. Box 616039
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Orlando, FL 32114
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT	42 NAME	
STREET ADDRESS	958 ROYAL OAKS DR.	43 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, PINKIE B	52 NAME	
STREET ADDRESS	1328 IMPERIAL DR	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Pinkie B. Oliver*      *Pinkie B. Oliver*      1-26-96      (904) 2534508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)