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02-20-2001 90037 047 ****61.25

**2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721723

1. Entity Name

NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN C

% BETHUNE-COOKMAN COLLEGE INC. 236 N DRIVE MARTIN LUTHER KING BLVD DAYTONA BEACH FL 32014

Principal Place of Business

Mailing Address

NATIONAL ALUMNI 640 DR. MARY MCLEOD BLVD. DAYTONA BEACH FL 32114

2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE .		
City & State		City & State		4. FEI Numbe	Number 07-0006706 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
OLIVER, PINKIE B. 1328 IMPERIAL DR. DAYTONA BEACH FL 32017			Name Street Address (P.O. Box Number is Not Acceptable)					
			City			Zip Code	9.	
			0.1,		FL	2,5 333	_	
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		9. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.). OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME STREET ADDRESS CITY-ST-ZIP	TD HILL, DOROTHY M. 393 N SENECA ST DAYTONA BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, MYRTLE B 1441 CIRCLE DRIVE WEST BALDWIN N	⊠ Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coakley, 16789 NW Pembroke		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUASH, JENNIFER POST OFFICE BOX 616039 ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	PD WILDIAMS, JOHN H 1764 NAV 92ND ST	⊠ Delete	TITLE NAME STREET ADDRESS	Brown, My	rtle B. le Drive West	Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and the 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 frustee empowered to execute this 1900 as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addyess, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

MHAMI FL

OLIVER, PINKIE B

1328 IMPERIAL DR

DAYTONA BCH FL

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition

Baldwin, NY .11510.