

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

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

DOCUMENT # 721723

1. Entity Name

NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN C

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

07-0006706

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

FL

Zip Code

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

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

9. Election Campaign Financing 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

TITLE Delete
 NAME **TD HILL, DOROTHY M.**
 STREET ADDRESS **393 N SENECA ST**
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V BROWN, MYRTLE B**
 STREET ADDRESS **1441 CIRCLE DRIVE WEST**
 CITY-ST-ZIP **BALDWIN NY**

TITLE Change Addition
 NAME **Coakley, Audley**
 STREET ADDRESS **16789 NW 13th Ct.**
 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE Delete
 NAME **S QUASH, JENNIFER**
 STREET ADDRESS **POST OFFICE BOX 616039**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD WILLIAMS, JOHN H**
 STREET ADDRESS **1764 NW 192ND ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME **Brown, Myrtle B.**
 STREET ADDRESS **1441 Circle Drive West**
 CITY-ST-ZIP **Baldwin, NY 11510**

TITLE Delete
 NAME **D OLIVER, PINKIE B**
 STREET ADDRESS **1328 IMPERIAL DR**
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date February 14, 2001 Daytime Phone #

CR2E037 (10/00)