

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90143 035 \*\*\*\*61.25

**DOCUMENT # 721723**

1. Entity Name

**NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN COLLEGE, INCORPORATED**

Principal Place of Business

Mailing Address

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

**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

4. FEI Number

**07-0006706**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	TD	<input type="checkbox"/> Delete
NAME	HILL, DOROTHY M.	
STREET ADDRESS	393 N SENECA ST	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	COAKLEY, AUDLEY	
STREET ADDRESS	16789 NW 13TH CT.	
CITY-ST-ZIP	PEMBROKE NY 33028	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	QUASH, JENNIFER	
STREET ADDRESS	POST OFFICE BOX 616039	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, MYRTLE B	
STREET ADDRESS	1441 CIRCLE DRIVE WEST	
CITY-ST-ZIP	BALDWIN NY 11510	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, PINKIE B	
STREET ADDRESS	1328 IMPERIAL DR	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Cathy Washington	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	937 Lockhart St	
STREET ADDRESS	Daytona Beach, FL	
CITY-ST-ZIP	32114	
TITLE	Melinda Hamilton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8006 N. Savannah Circle	
STREET ADDRESS	Davie, FL	
CITY-ST-ZIP	33329	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pinkie B. Oliver* Alumni Director (866) 481-2971

CR2E037 (9/01)