## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 11, 2002 8:00 am **DOCUMENT # 721723 Secretary of State** 1. Entity Name NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN C 02-11-2002 90143 035 \*\*\*\*61.25 OLLEGE, INCORPORATED Mailing Address Principal Place of Business % BETHUNE-COOKMAN COLLEGE INC. NATIONAL ALUMNI 236 N DRIVE MARTIN LUTHER KING BLVD 640 DR. MARY MCLEOD BLVD. DAYTONA BEACH FL 32014 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 07-0006706 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) OLIVER, PINKIE B. 1328 IMPERIAL DR. DAYTONA BEACH FL 32017 City Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE TD □ Delete TITLE HILL DOROTHY M. NAME NAME STREET ADDRESS STREET ADDRESS 393 N SENECA ST CiTY-ST-7IP CITY-ST-ZIP DAYTONA BCH FL Cothy Washington & Change Addition 937 Lockhart St Daytona Beach, FL 32114 Melinda Hamilton Change Addition 800 6 N. Savarnah Circle Delete TITLE NAME NAME COAKLEY, AUDLEY STREET ADDRESS STREET ADDRESS 16789 NW 13TH CT. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE NY 33028 Delete TITLE --NAME Quash, Jennifer NAME STREET ADDRESS STREET ADDRESS POST OFFICE BOX 616039 Davie, FL 33329 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME Brown, Myrtle B NAME STREET ADDRESS STREET ADDRESS 1441 CIRCLE DRIVE WEST CITY-ST-ZIP CITY-ST-ZIP BALDWIN NY 11510 ☐ Change Delete TITLE Addition TITLE NAME NAME OLIVER, PINKIE B STREET ADDRESS STREET ADDRESS 1328 IMPERIAL DR CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Munsie Derector (386) 481-2971

(9/01)**CR2E037**