

DOCUMENT # **721723**

1. Corporation 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

FILED

04 MAR 22 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/17/1971

State, Apt. #, etc.

State, Apt. #, etc.

5. FEI Number

07-0006706

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
TD	HILL, DOROTHY M. (change)	393 N SENECA ST (change)	DAYTONA BCH FL (change)
V	WASHINGTON, CATHY	937 LOCKHART ST	DAYTONA BEACH FL 32114
S	HAMILTON, MELINDA	8006 N SAVANNAH CIRCLE	DAVIE FL 33329
PD	BROWN, MYRTLE B	1441 CIRCLE DRIVE WEST	BALDWIN NY 11510
D	OLIVER, PINKIE B deceased (chg.)	1328 IMPERIAL DR (change)	DAYTONA BCH FL (change)

DEINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLIVER, PINKIE B.  
1328 IMPERIAL DR.  
DAYTONA BEACH FL 32017

Jacqueline T. Mongal  
826 N. Kottle Circle  
Daytona Beach, FL  
32114

Name: Jacqueline T. Mongal  
Street Address (P.O. Box Number is Not Acceptable): 826 N. Kottle Circle  
State, Apt. #, Etc.:  
City: Daytona Beach, FL 32114  
State: FL Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Jacqueline T. Mongal*  
REGISTERED AGENT MUST SIGN

300025940563  
02/12/04-01027-001 \*\*\*122.50  
Date 3-19-04

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Jacqueline T. Mongal* Jacqueline T. Mongal

3-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #