


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 721723 1. Entity Name NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN COLLEGE, INCORPORATED	
---	---

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
--	---



02172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 07-0006706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONGAL, JACQUELINE 826 N KOTTLE CIRCLE DAYTONA BEACH, FL 32114
--

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONGAL, JACQUELINE T 826 NORTH KOTTLE CIRCLE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUASH, JENNIFER L 1172 JESSAMINE LAKE COURT ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLEY, GLORIA 1320 HOBBS AVENUE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, CAROLYN 536 MARK AVENUE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000766009
06/07/07-80002-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jacqueline T. Mongal* *Jacqueline T. Mongal* 6/08/07 (386) 323-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #