


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90028 040 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
% Bethune-Cookman College, Inc
 Suite, Apt. #, etc.
558 Oak Street

3. Mailing Address
National Alumni
 Suite, Apt. #, etc.
P.O. Box 1899

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

Zip
32214

Country
USA

Zip
32115

Country
USA

07112008 Chg-NP CR2E037 (12/06)



4. FEI Number
07-0006706

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
 Due by September 12, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONGAL, JACQUELINE T 826 NORTH KOTTLE CIRCLE DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUASH, JENNIER L 1172 JESSAMINE LAKE COURT ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLEY, GLORIA 1320 HOBBS AVENUE TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, CAROLYN 536 MARK AVENUE DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Evelyn B. Walker 421 Hancock Lane Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Johnny L. C. Douglas 513 Hilldale Rd Brandon, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Christine Jacobs 3611 E. North Bay St. Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jacqueline T. Mongal 826 N. Kettle Circle Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **7/10/08** **(386) 323-9548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #