2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006069

1. Entity Name
BETHUNE COOKMAN COLLEGE INSPIRATIONAL GOSPEL CHOIR INCORPORATED

Principal Place of Business	Mailing Address
640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114	640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114

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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-0704726
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BANKS-INGRAM, BALLARIE
108 BLACK DUCK CIRCLE
DAYTONA BEACH, FL 32119

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSS, ERVIN JR
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	KENDRICK, VERTELLIS
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BOULEVARD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	D
NAME	WILLIAMS, ROBERT
STREET ADDRESS	640 DR. MARY MCLEOD BETHUNE BOULEVARD
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80046-015 61.25

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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: _____ 1/14/04 (386)481-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #