

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	
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Principal Place of Business 640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114	Mailing Address 640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET 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	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

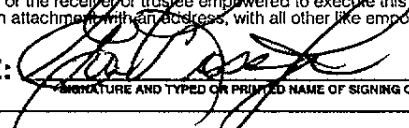
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSS, ERVIN JR 640 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENDRICK, VERTELLIS 640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ROBERT 640 DR. MARY MCLEOD BETHUNE BOULEVARD DAYTONA BEACH, FL 32114
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01/16/04-80046-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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 #