

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000000562

FILED  
Feb 23, 2005  
Secretary of State

**Entity Name:** BETHUNE-COOKMAN COLLEGE FORT PIERCE ALUMNI CHAPTER, INC.

**Current Principal Place of Business:**

4900 MATANZAS AVE  
FT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

4900 MATANZAS AVE  
FT PIERCE, FL 34946

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DRUMMOND, PATRICIA  
4900 MATANZAS AVE  
FT PIERCE, FL 34946 US

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.

SIGNATURE: PATRICIA DRUMMOND

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DRUMMOND, PATRICIA  
Address: 4900 MATANZAS AVE  
City-St-Zip: FT PIERCE, FL 34946

Title: SD ( ) Delete  
Name: DICKERSON, GLORIA  
Address: 3006 LANGSTON DR  
City-St-Zip: FT PIERCE, FL 34946

Title: TD ( ) Delete  
Name: BENTON, CLEM C JR  
Address: 1707 AVE M  
City-St-Zip: FT PIERCE, FL 34950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DRUMMOND

Electronic Signature of Signing Officer or Director

MRS.

02/23/2005

Date