

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000000562

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



Principal Place of Business
**4900 MATANZAS AVE
FT PIERCE, FL 34946**

Mailing Address
**4900 MATANZAS AVE
FT PIERCE, FL 34946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT
00082006
FEIN-OR
CREATED (1/05)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DRUMMOND, PATRICIA
STREET ADDRESS 4900 MATANZAS AVE
CITY-ST-ZIP FT PIERCE, FL 34946

TITLE ☐ Change ☐ Addition
NAME 300080922200
STREET ADDRESS 10/17/06--01040--002 **70.00
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DICKERSON, GLORIA
STREET ADDRESS 3006 LANGSTON DR
CITY-ST-ZIP FT PIERCE, FL 34946

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BENTON, CLEM C JR
STREET ADDRESS 1707 AVE M
CITY-ST-ZIP FT PIERCE, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-06 772-4652093

06 OCT 17 2006