

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09986 (3)
1. Corporation Name
MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.



Principal Place of Business
**101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114**

Mailing Address
**101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114**

3. Date Incorporated or Qualified
06/27/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3032944		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**MOBLEY, FRANCIS A.
931 CATHERINE STREET
HOLLY HILL FL 32117**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFIAH, SANDRA	1.2 NAME	
STREET ADDRESS	1620 WOODCREST DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAILES PORTER, KAREN	2.2 NAME	
STREET ADDRESS	237 OAKTREE CR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSON, LORETTA	3.2 NAME	
STREET ADDRESS	640 VOLUSIA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHILI, ABDERRAHMANE	4.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD-MATHATICS/PHYSIC	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, VELMA	5.2 NAME	
STREET ADDRESS	215 JEFFERSON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, FRANCIS A.	6.2 NAME	
STREET ADDRESS	941 CATHERINE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(404)253-9474

Date

Daytime Phone #

CR2E037 (12/95)