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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114

101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114-3034

3. Date Incorporated or Qualified
06/27/1985

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3032944

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME OFFIAH, SANDRA
STREET ADDRESS 1620 WOODCREST DRIVE
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME NAILES PORTER, KAREN
STREET ADDRESS 237 OAKTREE CR.
CITY-ST-ZIP DAYTONA BEACH FL 32114

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME BURSON, LORETTA
STREET ADDRESS 640 VOLUSIA AVE.
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME DEHILI, ABDERRAHMANE
STREET ADDRESS 600 S. CLYDE MORRIS BLVD.-MATHATICS/PHYSIC
CITY-ST-ZIP DAYTONA BEACH FL 32114

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V
NAME HOWARD, VELMA
STREET ADDRESS 215 JEFFERSON STREET
CITY-ST-ZIP DAYTONA BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P
NAME MOBLEY, FRANCIS A.
STREET ADDRESS 941 CATHERINE ST
CITY-ST-ZIP HOLLY HILL FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)