FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

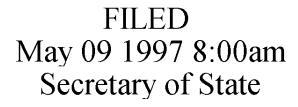
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.





Principal Place of Business 101 BETHUNE VILLAGE DAYTONA BEACH FL 32114		Mailing Address				s that state and and states shall aske alless their arbit albeit all it field foot				
		101 BETHUNE VILLAGE DAYTONA BEACH FL 32114-3034								
) 						3. Date Incorporated or Qualified 06/27/1985	3a. D	ate of Last R 03/11/199	eport 6]
·	lace of Business	2a. Mailing Address			4. FEI Number	Ag	plied For	1		
21		26						t Applicable]	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75			
City & State		City & State					Fee Re	'	4	
23	•	28			Election Campaign Financing Trust Fund Contribution	П	\$5.00			
Zip	Country	Zip Cou						Added		4
24	25	29	30	,		8. This corporation has liability for Florida Statutes	intangible] Yes [. 199.032,	
	9. Name and Address of Current				••	10. Name and Address of New Registered Agent				
				81	Name		•			1
MOBLEY.	FRANCIS A.					4-14				4
	HERINE STREET	82			Street #	Address (P.O. Box Number is Not Acceptal	ole)			
	ILL FL 32117			83						1
				84	City			85 Zip	Code	┨
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	les, the a	above	e-named	corporation submits this statement for the	FL ourpose o	f changing it	s registered	$\left\{ \right.$
agent. Lai	egistered agent, or both, in the State of the familiar with, and accept the obligation	oi Florida. Such change was lions of, Section 617.0503, Fi	authoriza orida Sta	ed by alutes	the corp 3.	poration's board of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE _	Signature, typed or printed name of registered agen	and title il applicable (NO)	II · Rogister	od Ago	n) eignature	required when reinstating)	DATE			
12.	OFFICERS AND		13		i. algitature	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	٦
TITLE	C	DELETE		TITLE		7,000,000,000,000	227107111	☐ Change	Addition	١
NAME	OFFIAH, SANDRA	1.2 N		NAME	ĺ					1,
STREET ADDRESS 1620 WOODCREST DRIVE		1.3.5		1.3 STREET ADDRESS						18
CITY-ST-ZIP	DAYTONA BEACH FL	1.4		1.4 CITY-ST-ZIP						Š
TITLE	D	DELETE	2.1	TITLE				☐ Change	Addition	Շ
NAME	NAILES PORTER, KAREN		2.2 NA]					
STREET ADDRESS	237 OAKTREE CR.	235		2 \$ STREET ADDRESS						
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2 M C		ST - ZIP					
TITLE	SD	☐ DELETE	31	INTLE	***************************************			Change	Addition	1
NAME	BURSON, LORETTA		321	NAME	ŀ					
STREET ADDRESS	640 VOLUSIA AVE.		335	STREET	ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL		3.4.	CITY-5	61 - ZIP					
TITLE	TD	DELETE	4.1	TITLE			···· · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME	Dehili, abderrahmane		4. <u>P</u>	NAME						
STREET ADDRESS 600 S. CLYDE MORRIS BLVDMATHATICS/PHYSIC			4.3 5	4.3 STREET ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE	V	☐ DELETE	5.1	TITLE				Change	Addition	1
NAME	HOWARD, VELMA		5.21	MAME						1
STREET ADDRESS	215 JEFFERSON STREET		5.3 STREE		ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 (CITY-S	T-ZIP					
TITLE	P	☐ DELETE	6.11	ſſŢĿ€				Change	Addition	1
NAME	MOBLEY, FRANCIS A.		6.21	MAN						
STREET ADDRESS	941 CATHERINE ST	6.3, S			ADDRESS					1
CITY-ST-ZIP	HOLLY HILL FL		6.4 (CITY - S	1 - ZIP	,				1

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 Orlapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.