

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

3. Date Incorporated or Qualified

06/27/1985

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

☐ DELETE

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

☒ DELETE

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

☒ DELETE

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

☒ DELETE

TITLE V
NAME HOWARD, VELMA
STREET ADDRESS 218 JEFFERSON STREET
CITY-ST-ZIP DAYTONA BEACH FL

☒ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

2.1 TITLE D
2.2 NAME Elizabeth Blanton
2.3 STREET ADDRESS 710 Davis Street
2.4 CITY-ST-ZIP Daytona Beach, FL 32118

☐ Change ☒ Addition

3.1 TITLE SD
3.2 NAME muriel Fuga
3.3 STREET ADDRESS 412 Aleatha Drive
3.4 CITY-ST-ZIP Daytona Beach, FL 32114

☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME Dr. Frank Ekpo
4.3 STREET ADDRESS 1049 Brentwood Dr. #516
4.4 CITY-ST-ZIP Daytona Beach, FL 32117

☐ Change ☒ Addition

5.1 TITLE V
5.2 NAME Vivienne Walton
5.3 STREET ADDRESS 712 Rock Court
5.4 CITY-ST-ZIP Port Orange, FL 32119

☐ Change ☒ Addition

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

☐ Change ☐ Addition

14. I 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/98 (904) 253-9474

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Aug 12 1998 8:00am
Secretary of State

