FILE NOW: FILING FEE IS \$61.25



Katherine Harris

	FILE NOW: FILI	_ FILED .								
NONPROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTM Katherine Secretary of DIVISION OF COR						Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90092 038 ****61.25				ZEIOOO
DOCUMENT # N09986 1. Corporation Name MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.						1 188111 81881 5 7 9 7 5 4 457975 - 90092 - 38				
	,					* 4 457975 - 9	90092 - 3 	8 		
Principal Place of Business Mailing Address 101 BETHUNE VILLAGE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114										
Principal Place of Business Za. Mailing Address						3. Date Incorporated or Qualifed 06/27/1985	-			
Suite, Apt.	Suite, Apt. #, etc.				4. FEI Number 59-3032944		<u> </u>	lied For Applicable		
22 27 City & State City & State						5. Certificate of Status Desired		\$8.75 A	dditional	
Zip	Zip Country Lip					Election Campaign Financing Trust Fund Contribution	<u>.</u>	\$5.00 Added to	May Be	
24	9. Name and Address of Curren	29 30	<u> </u>			10. Name and Address of New Regi	stered A			1
	- Hamo dila Pidaroca di Garian			81	Name			··		
MOBLEY, FRANCIS A.				82	Street Addr	t Address (P.O. Box Number is Not Acceptable)				1
	FRANCIS A. IERINE STREET		82 Street Add			ess (F.O. DOX Namber is Not Acceptable)				
	LL FL 32117			83						
1,000	LL I L VEIII						FL	85 Zip C	ode	1
Affice or I	registered agent or both in the State	of Florida, Such change was auti	nonzec	ו עם ו	named corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	ose of c	hanging its it tment as reg	egistered istered	
agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Florid	a Stati	nes.						_
	Signature, typed or printed name of registered ager		gistered 13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	RS IN 12	(11/98)
12.		D DIRECTORS	1.1 111	LE.				Change	Addition	1 5
NAME	C Offiah, Sandra		1.2 NAME							2
STREET ADDRESS	ALLE MANAGERS BOILE				ADDRESS					32F037
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY		-ZIP					_ ••
TITLE	D	☐ DELETE	2.1 TTTL					Change	☐ Addition] C
NAME	BLANTON, ELIZABETH		2.2 NAM							
STREET ADDRESS			2.3 STR		ADDRESS		=			_
CITY-ST-ZIP	DAYTONA BEACH FL 32118		2.4 C		T-ZIP			Change	Addition	-
TITLE	SD	☐ DELETE	3.1 TJ					☐ Citarige	Addition	
NAME	FUGA, MURIEL		3.2 NAME		ADODECC					
STREET ADDRESS	112112		3.3 STRI							}
CITY-ST-ZIP	DAYTONA BEACH FL 32114	☐ DELETE	3.4. CITA 4,1 TITL		, -£IF			Change	Addition	1
NAME	TD EKPO, FRANK	_	4. 2 NAM							
STREET ADDRESS	[<u></u>				ADDRESS					1
CITY-ST-ZIP	DAYTONA BEACH FL 32217		4.4 CI	TY-ST	-ZIP					1
TITLE	V	DELETE		ΠE				☐ Change	☐ Addition	
NAME	WALTON, VIVIENNE		5.2 NAME							

CITY-ST-ZIP HOLLY HILL FL 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, with all other like empowered.

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME A 712 ROCK CT

STREET ADDRESS 941 CATHERINE ST

PORT ORANGE FL 32119

MOBLEY, FRANCIS A.

Addition

☐ Change