

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09986

1. Entity Name

MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90182 021 ****61.25

Principal Place of Business

101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114

Mailing Address

101 BETHUNE VILLAGE
DAYTONA BEACH FL 32114

00011381



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3032944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **BLANTON, ELIZABETH**
STREET ADDRESS **710 DAVIS ST**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE **SD** ☐ Delete
NAME **FUGA, MURIEL**
STREET ADDRESS **412 ALEATHA DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **TD** ☐ Delete
NAME **EKPO, FRANK**
STREET ADDRESS **1049 BRENTWOOD DR, #516**
CITY-ST-ZIP **DAYTONA BEACH FL 32217**

TITLE **V** ☐ Delete
NAME **WALTON, VIVIENNE**
STREET ADDRESS **712 ROCK CT**
CITY-ST-ZIP **PORT ORANGE FL 32119**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis Ann Mobley 1/17/01 (904) 253-9474

Date

Daytime Phone #

CR2E037 (10/00)