

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09986

FILED
Apr 29, 2008
Secretary of State

Entity Name: MARY MCLEOD BETHUNE COMMUNITY CENTER, INC.

Current Principal Place of Business:

740 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

740 S. RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3032944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS MOBLEY
740 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: JACKSON, BOISY JR
Address: 939 15 MARTIN LUTHER KING BLVD.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: BURSON, NELORIS
Address: 10001 15TH STREET #106
City-St-Zip: HOLLY HILL, FL 32117

Title: SD () Delete
Name: SCOTT, MILDRED
Address: 312 GARDEN ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: EKPO, FRANK
Address: 1409 CADILLAC DR.
City-St-Zip: DAYTONA BEACH, FL 32217

Title: D () Delete
Name: WALTON, VIVIENNE
Address: 712 ROCK CT
City-St-Zip: PORT ORANGE, FL 32119

Title: PD () Delete
Name: MOBLEY, FRANCIS A.,
Address: 1013 INDIAN OAKS W
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS A. MOBLEY

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date