

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721723

Entity Name: NATIONAL ALUMNI ASSOCIATION OF BETHUNE-COOKMAN
UNIVERSITY, INCORPORATED**FILED**
Feb 25, 2013
Secretary of State
CC2286028434**Current Principal Place of Business:**558 OAK STREET
DAYTONA BEACH, FL 32114**Current Mailing Address:**P.O. BOX 1899
DAYTONA BEACH, FL 32115**FEI Number: 07-0006706****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMITH, ESSIE M
1336 LAUREL DRIVE
DAYTONA BEACH
FLORIDA, FL 32117 US*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**Officer/Director Detail :**

Title	P
Name	BRINSON, ARTHUR R
Address	12873 DUNES LAKE TERRAACE
City-State-Zip:	JACKSONVILLE FL 32225

Title	V
Name	CHANDRA, SIMMONS
Address	P. O. BOX 41291
City-State-Zip:	JACKSONVILLE FL 32203

Title	S
Name	MARILYN, HINSON JORDAN
Address	207 EAST HOWRY AVENUE
City-State-Zip:	DELAND FL 32724

Title	D
Name	BRINSON, ARTHUR R
Address	12873 DUNES LAKE TERRACE
City-State-Zip:	JACKSONVILLE FL 32225

Title	T
Name	SMITH, ESSIE M
Address	1336 LAUREL DRIVE
City-State-Zip:	DAYTONA BEACH FL 32117

Title	CORRESPONDING SECRETARY
Name	REEVES, KATHY D
Address	15 STARLING DRIVE
City-State-Zip:	DAYTONA BEACH FL 32117

I hereby 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 all other like empowered.

SIGNATURE: ESSIE M. SMITH**TREASURER****02/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date