FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 16 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005077 (3)

1. Corporation Name
DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
808 SOUTH MARTIN LUTHER KING JR. BLVD. DAYTONA BEACH FL 32114	808 SOUTH MARTIN LUTHER KING JR. BLVD. DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-3194884 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 11225
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 DAYTONA BEACH, FL.
Zip 24 / Country 25	Zip 29 32120 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

FLYNT, LIZZIE M
808 SOUTH MARTIN LUTHER KING JR. BLVD.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name: Barbara Engram
82 Street Address (P.O. Box Number is Not Acceptable): 831 ACORN LANE
83
84 City: PORT ORANGE FL 85 Zip Code: 32127

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barbara Engram — 9 MAR 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COLBERT, JOANN	1.2 NAME	BARBARA ENGRAM	
STREET ADDRESS	1021 BERSHIRE ROAD	1.3 STREET ADDRESS	831 ACORN LANE	
CITY-ST-ZIP	DAYTONA BEACH FL 32217	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	VD	2.1 TITLE	Sharon James VP	☒ Change ☐ Addition
NAME	ENGRAM, BARBARA W	2.2 NAME		
STREET ADDRESS	831 ACORN LANE	2.3 STREET ADDRESS	213 College Park Drive	
CITY-ST-ZIP	PORT ORANGE FL 32127	2.4 CITY-ST-ZIP	Daytona Beach, FL. 32114	
TITLE	PD	3.1 TITLE	S	☒ Change ☐ Addition
NAME	FLYNT, LIZZIE M	3.2 NAME	Mary Oturu	
STREET ADDRESS	808 SOUTH MARTIN LUTHER KING JR. BLVD.	3.3 STREET ADDRESS	107 Luna Lane	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	Ormond Beach, FL. 32174	
TITLE	SD	4.1 TITLE	T	☐ Change ☒ Addition
NAME	JAMES, SHARON D	4.2 NAME	Sarah Sharper	
STREET ADDRESS	213 COLLEGE PARK DRIVE	4.3 STREET ADDRESS	430 Lockhart St.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	Daytona Beach, FL. 32114	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	OTURU, MARY L	5.2 NAME		
STREET ADDRESS	107 LUNA LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	PRATT, ALMA	6.2 NAME		
STREET ADDRESS	1146 13TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Barbara Engram — 9 MAR 95 — (904) 239-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023311