FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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	P O BOX 11225 DAYTONA BEACH FL 32120 US

3. Date Incorporated or Qualified: 11/08/1993	3a. Date of Last Report: 03/16/1995
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
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ENGRAM, BARBARA
831 ACORN LANE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Barbara Engram DATE: 9 Jan 96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ENGRAM, BARBARA		1.2 NAME	
STREET ADDRESS	831 ACORN LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, SHARON		2.2 NAME	
STREET ADDRESS	213 COLLEGE PARK DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BE		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OTURY, MARY		3.2 NAME	
STREET ADDRESS	107 LUNA LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, SHARON D		4.2 NAME	
STREET ADDRESS	213 COLLEGE PARK DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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 Jan 96 (904)239-5012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)