

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005077 (3)
1. Corporation Name
DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.



Principal Place of Business 808 SOUTH MARTIN LUTHER KING JR. BLVD. DAYTONA BEACH FL 32114	Mailing Address P O BOX 11225 DAYTONA BEACH FL 32120-1225 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/08/1993	3a. Date of Last Report 06/13/1996
21	26	4. FEI Number 59-3194884	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGRAM, BARBARA 831 ACORN LANE PORT ORANGE FL 32127				81 Name	Lizzie Flynt		
				82 Street Address (P.O. Box Number is Not Acceptable)	808 South Martin Luther King Jr. Blvd.		
				83			
				84 City	Daytona Beach	85 FL	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 authorized with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE: *Lizzie M. Flynt* (NOTE: Registered Agent signature required when reinstating) DATE: May 5, 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENGRAM, BARBARA		1.2 NAME	Lizzie Flynt			
STREET ADDRESS	831 ACORN LANE		1.3 STREET ADDRESS	808 South Martin Luther King Jr. Blvd.			
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	Daytona Beach, FL 32114			
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OTURY, MARY		3.2 NAME	BARBARA ENGRAM			
STREET ADDRESS	107 LUNA LANE		3.3 STREET ADDRESS	831 ACORN LANE			
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP	Port Orange, FL 32127			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, SHARON D		4.2 NAME	Mary Oturu			
STREET ADDRESS	213 COLLEGE PARK DRIVE		4.3 STREET ADDRESS	107 Luna Lane			
CITY-ST-ZIP	DAYTONA BEACH FL 32114		4.4 CITY-ST-ZIP	Ormond Beach, FL			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* DATE: 1 Apr 97 (904) 756-3497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #0002803

CP2E037 (9/96)