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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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
808 SOUTH MARTIN LUTHER KING JR. BLVD.
DAYTONA BEACH FL 32114

Mailing Address
P O BOX 11225
DAYTONA BEACH FL 32120
US

3. Date Incorporated or Qualified: 11/08/1993

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

FLYNT, LIZZIE
808 SOUTH MARTIN LUTHER KING JR BLVD
DAYTONA BCH FL 32114

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 ____________________
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLYNT, LIZZIE		1.2 NAME	
STREET ADDRESS	808 SOUTH MARTIN LUTHER KING JR BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH 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	ENGRAM, BARBARA		3.2 NAME	
STREET ADDRESS	831 ACRON LN		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OTURU, MARY		4.2 NAME	
STREET ADDRESS	107 LUNA LN		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL		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 SD	☐ Change ☒ Addition
NAME	PRATT, ALMA		6.2 NAME Jerelene Rosher	
STREET ADDRESS	1146 13TH STREET		6.3 STREET ADDRESS 744 Colfax Drive	
CITY-ST-ZIP	HOLLY HILL FL 32117		6.4 CITY-ST-ZIP Daytona Beach Fl 32114	

CR2E037 (10/97)

14. I 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: Lizzie Flynt President Lizzie Flynt April 28 98 904 253-[illegible]