

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005077

FILED
May 02, 2011
Secretary of State

Entity Name: DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.

Current Principal Place of Business:

213 COLLEGE PARK DR
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

P O BOX 10389
DAYTONA BEACH, FL 32120 US

New Mailing Address:

FEI Number: 76-0817798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, SHARON
213 COLLEGE PK DR
DAYTONA BCH, FL 32114 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: JAMES, SHARON
Address: 213 COLLEGE PK DR
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP
Name: CARLYLE, TINA
Address: 524 FRED GAMBLE WY
City-St-Zip: ORMOND BEACH, FL 32720

Title: RS
Name: GIBSON, DOTTIE
Address: 428 BARESFORD AVE
City-St-Zip: DELAND, FL 32724

Title: T
Name: COLBERT, JO A
Address: 1313 SHADWELL CT.
City-St-Zip: DAYTONA BEACH, FL 32117

Title: CS
Name: CROOMS, TACIA
Address: 528 SANDRA AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CH
Name: WALKER, MALENE
Address: 1065 IMPERIAL DR.
City-St-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: JO ANN COLBERT

T

05/02/2011

Electronic Signature of Signing Officer or Director

Date