

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90135 003 ****61.25

DOCUMENT # N93000005077

1. Entity 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**

11011998



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3194884**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **FLYNT, LIZZIE**
STREET ADDRESS **808 SOUTH MARTIN LUTHER KING JR BLVD**
CITY-ST-ZIP **DAYTONA BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JAMES, SHARON**
STREET ADDRESS **213 COLLEGE PARK DRIVE**
CITY-ST-ZIP **DAYTONA BE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **ALEXANDER, MARCI**
STREET ADDRESS **1639 PICCADILLY DR**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE ☐ Change ☒ Addition
NAME **Sharah Sharper**
STREET ADDRESS **Santh Sharper**
CITY-ST-ZIP **430 Lockhart St
Daytona Beach FL 32114**

TITLE **T** ☐ Delete
NAME **EMANUEL, TINA N**
STREET ADDRESS **207 MIDWAY AVE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CS** ☒ Delete
NAME **RAW, SANDRA**
STREET ADDRESS **416 ELLSWORTH ST.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition
NAME **CS Law, Sandra**
STREET ADDRESS **416 Ellsworth St**
CITY-ST-ZIP **Daytona Beach, FL 32114**

TITLE **PD** ☐ Delete
NAME **MCWHIRTER, GLORIA**
STREET ADDRESS **334-9 SW 62ND BLVD**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED Flynt 4-20-03 386 253-5444**

CR2E037 (10/02)