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

DOCUMENT # N9300005077

1. Entity Name

DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.



Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90135 003 ****61.25

FILED

Principal Plac	ce of Busines	5	Mailing Address								
808 SOUTH MARTIN LUTHER KING JR. BLVD. DAYTONA BEACH FL 32114			P O BOX 11225 DAYTONA BEACH FL 32120 US				11011998				
										1 11 11 1 11 1	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nur	TOUTOUT			oplied For ot Applicable		
Zip	Zip Country		Zip Co		79 5 Certificate of Status Desired \$8.75 A			\$8.75 Add	ditional		
	6. Name	and Address of Current F	Registered Agent	<u></u>		7. Name a	nd Address of Nev	Registered	•		
				. 1	Name				-		
FLYNT, LIZZIE 808 SOUTH MARTIN LUTHER KING JR BLVD DAYTONA BCH FL 32114			 D	~ {	Street Address (P.O. Box Number is Not Acceptable)						
											
				ļ (City Zip Code						
8. The above	e named entity	y submits this statement for	the purpose of changing its	s registered	office or re	egistered agent, or l	ooth, in the State of	Florida. I am	familiar with,	and accept	
the obligat	tions of regist	ered agent.									
SIGNATURE .		or printed name of registered agent a	nd title if applicable. (NO	TE: Registered Ag	jent signature i	required when reinstating)		DATE			
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	· •	OFFICERS AND DIR	Trust Fund	Contribution.		Added to Fe	es Flo	rida Depa	rtment of §	State	
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GAINESVILLE FL 32607 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 334-9 SW 62ND BLVD