2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 09, 2012 **DOCUMENT# 722627** Secretary of State

Entity Name: BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5607 N.W. 27TH AVE MIAMI, FL 33142 US

Current Mailing Address: New Mailing Address:

5607 N.W. 27TH AVE MIAMI, FL 33142

FEI Number: 59-1768320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTIN, YUVONNE CONSTANCE, MILLER 17521 N.W. 42ND AVE 1470 NE 123RD ST #604 MIAMI, FL 33161 MIAMI, FL 33055

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: CONSTANCE H MILLER 08/09/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

PRES

Name: YATES, LENORA Address: 15608 SW 103 TERR City-St-Zip: MIAMI, FL 33196 US

Title:

Name: WASHINGTON-BROWN, LINDA

Address: P. O. BOX 172706 City-St-Zip: HIALEAH, FL 33017 US

Title: **TREA**

MCGREGOR, DEBBIE Name: Address: 8429 WINDSOR DR City-St-Zip: MIRAMAR, FL 33025 US

Title: RS

CRYSTAL, NORMAN Name: 1418 N W 96 ST Address: City-St-Zip: MIAMI, FL 33147 US

Title:

CONSTANCE, MILLER H Name: 1470 NE 123ST #604 Address: City-St-Zip: MIAMI, FL 33161 US

Title:

MARTIN. YUVONNE Name: Address: 17521 N.W 42ND AVE MIAMI GARDENS, FL 33055 City-St-Zip:

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: CONSTANCE H MILLER RS 08/09/2012