

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000000997

FILED
May 31, 2005
Secretary of State

Entity Name: BIG BEND BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 38282
TALLAHASSEE, FL 32317

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38282
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3644135 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LUNAN, ENID
2409 BASS BAY DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

O'ROURKE, HESTER E
21218 NE VAN LIEROP RD
BLOUNTSTOWN, FL 32424 US

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: HESTER E. O'ROURKE

05/31/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUNAN, ERID
Address: 2409 BASS BAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD () Delete
Name: GRIFFIN, JIMMY
Address: 2409 BAYY BAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: OROUKE, HESTER
Address: 2409 BASS BAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: THOMPSON, IDA
Address: 2409 BAS BAY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'ROURKE, HESTER
Address: 21218 NE VAN LIEROP RD
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V (X) Change () Addition
Name: DARITY, DONNA
Address: 1016 CANARVON DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: S (X) Change () Addition
Name: LAWSON, DELORES
Address: 2610 GUNN STREET
City-St-Zip: TALLAHASSEE, FL 32310

Title: T (X) Change () Addition
Name: TOLBERT, LOUIS
Address: 301 SHIRLEY DRIVE
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HESTER E. O'ROURKE

P

05/31/2005

Electronic Signature of Signing Officer or Director

Date