

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000997

FILED
Jan 20, 2007
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:

21218 NE VAN LIEROP RD
BLOUNTSTOWN, FL 32424

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 ()

Name and Address of Current Registered Agent:

O'ROURKE, HESTER E PRES.
21218 NE VAN LIEROP RD
BLOUNTSTOWN, FL 32424 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 () Delete
Name: O'ROURKE, HESTER
Address: 21218 NE VAN LIEROP RD
City-St-Zip: BLOUNTSTOWN, FL 32424

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

PRES

01/20/2007

Electronic Signature of Signing Officer or Director

Date