

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000997

FILED
Apr 18, 2011
Secretary of State

Entity Name: BIG BEND BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

21218 NE VAN LIEROP RD
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38282
TALLAHASSEE, FL 32315

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
Name: O'ROURKE, HESTER
Address: 21218 NE VAN LIEROP RD
City-St-Zip: BLOUNTSTOWN, FL 32424

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

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

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

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: HESTER E. O'ROURKE

PRES

04/18/2011

Electronic Signature of Signing Officer or Director

Date