

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000889

FILED
Apr 24, 2007
Secretary of State

Entity Name: GREATER GAINESVILLE BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

909 NW101ST DRIVE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

909 NW 101ST DRIVE
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3419324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUSHA, VONCEA
909 NW 101ST DRIVE
GAINESVILLE, FL 32606 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: PD () Delete
Name: BRUSHA, VONCEA
Address: 909 NW 101ST DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VD () Delete
Name: MCBRIDE, JOHANNA S
Address: 34NW 61ST PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: TD () Delete
Name: MIKEL, PRINCIE J
Address: 4210 SE 14TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: DRAYTON, RACHAEL
Address: P.O. BOX 6184
City-St-Zip: OCALA, FL 34478

Title: RSD () Delete
Name: FILER, VIVIAN L
Address: 1636 SE 14TH AVE
City-St-Zip: GAINESVILLE, FL 32641

Title: CD () Delete
Name: GRINER, MAE
Address: 2118 N.E. 15TH TERR.
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: MIKEL, PRINCIE J
Address: 14191NW 25TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: SD (X) Change () Addition
Name: RAIFORD, ANGELA
Address: 7919 NW 51ST WAY
City-St-Zip: GAINESVILLE, FL 32653

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: VONCEA BRUSHA

PD

04/24/2007

Electronic Signature of Signing Officer or Director

Date