

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000889

FILED  
Apr 06, 2008  
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: 14191NW 25TH AVE  
City-St-Zip: GAINESVILLE, FL 32606

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

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: VD (X) Change ( ) Addition  
Name: MCBRIDE, JOHANNA S  
Address: 14191 NW 25TH AVE  
City-St-Zip: GAINESVILLE, FL 32606

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 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

PRES

04/06/2008

Electronic Signature of Signing Officer or Director

Date