


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004781 1. Entity Name BARBADOS NURSES ASSOCIATION OF AMERICA, INC.- FLORIDA CHAPTER	
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Principal Place of Business 9092 SW 20TH PLACE MIRAMAR, FL 33025	Mailing Address 9092 SW 20TH PLACE MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE



02222004 No Chg-NP CR2E037 (10/03)

4. FEI Number 02-0621164	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORDE, FRANCES M
9092 SW 20TH PLACE
MIRAMAR, FL 33025

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000067126 02/26/04-80044-001 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD FORDE, FRANCES M 9092 SW 20TH PLACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD THOMAS-ROACH, MAUREEN Y 2330 SW 83 TERRACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD CUMBERBATCH, ROSETA 10170 NW 10 STREET PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosebatch Cumberbatch 2/22/04 954-452-9380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #