

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 036 ****66.25

DOCUMENT # N02000004781

1. Entity Name
**BARBADOS NURSES ASSOCIATION OF AMERICA, INC.-
FLORIDA CHAPTER**



Principal Place of Business
**9092 SW 20TH PLACE
MIRAMAR, FL 33025**

Mailing Address
**9092 SW 20TH PLACE
MIRAMAR, FL 33025**

50037465



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

02-0621164

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME FORDE, FRANCES M
STREET ADDRESS 9092 SW 20TH PLACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME THOMAS-ROACH, MAUREEN Y
STREET ADDRESS 2330 SW 83 TERRACE
CITY-ST-ZIP MIRAMAR, FL 33025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CUMBERBATCH, ROSETA
STREET ADDRESS 10170 NW 10 STREET
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Change ☒ Addition
NAME **ROSETTA H Cumberbatch**
STREET ADDRESS **(Correct Spelling)**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rosetta H. Cumberbatch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/05
Date

954-452-9380
Daytime Phone #