

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005977

FILED
Aug 23, 2006
Secretary of State

Entity Name: FIRST COAST BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 40575
JACKSONVILLE, FL 32203

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 40575
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3740867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOORE, JANNEICE C
2343 WATERMILL DR
ORANGE PARK, FL 32073 US

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 () Delete
Name: MOORE, JANNEICE C
Address: 2343 WATERMILL DR
City-St-Zip: JACKSONVILLE, FL 32073

Title: V () Delete
Name: LEE, JACQUELYN
Address: 1217 SQUIRREL LANE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: JONES, SANDRA
Address: 9809 SPOTTSWOOD RD W
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: MATTHEWS, GWENDOLYN
Address: P.O. BOX 9135
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: SCOTT, DANETTE
Address: 11047 CREEKVIEW DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JANNEICE MOORE

PRES

08/23/2006

Electronic Signature of Signing Officer or Director

Date