2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: FIRST COAST BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

2343 WATERMILL DRIVE
ORANGE PARK, FL 32073

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 ( )**

Name and Address of Current Registered Agent:

MOORE, JANNEICE C
2343 WATERMILL DR
ORANGE PARK, FL 32073 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: P
Name: RIGBY, PEARL E
Address: 1845 BREWSTER ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: V
Name: HARDY, WILLIE
Address: 4567 ASTRAL STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: S
Name: ALEXANDER-HICKS, SHEENA
Address: 8054 WELBECK LANE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T
Name: HARTWELL, VATHRICE
Address: 1948 ROSE MALLOW LANE
City-St-Zip: ORANGE PARK, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: PEARL E. RIGBY P 04/19/2011

Electronic Signature of Signing Officer or Director — Date