

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000660

FILED
Jun 15, 2009
Secretary of State

Entity Name: NATIONAL BLACK NURSES ASSOCIATION, PALM BEACH COUNTY CHAPTER, INC.

Current Principal Place of Business:

2456 LENA LANE
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

2456 LENA LANE
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 20-2213365 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

MCCRAY, ROCHUN R
2456 LENA LANE
WEST PALM BEACH, FL 33415 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 () Delete
Name: MCCRAY, ROCHUN
Address: 2456 LENA LANE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP () Delete
Name: RANDALL, GWENN
Address: 104 SUFFOLK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TREA () Delete
Name: MILLENDER, EUGENIA
Address: 4177 ONEGA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SECR () Delete
Name: STEPHENS, AVIS
Address: 7320 PALMDALE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

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:

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: ROCHUN MCCRAY

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date