

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000660

**FILED**  
**Feb 24, 2010**  
**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)**

**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  
Name: MCCRAY, ROCHUN  
Address: 2456 LENA LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

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

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

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

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: ROCHUN MCCRAY

PRES

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date