

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008437

FILED
Apr 30, 2008
Secretary of State

Entity Name: BROWARD COUNTY FLORIDA BLACK NURSES ASSOCIATION, INC.

Current Principal Place of Business:

1361 SW 106TH AVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

1361 SW 106TH AVE
PEMBROKE PINES, FL 33025

New Mailing Address:

P.O. BOX 3575
HOLLYWOOD, FL 33083

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMPTON, CORNELL D
1361 SW 106TH AVE
PEMBROKE PINES, FL 33025 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: HAMPTON, CORNELL D
Address: 1361 SW 106TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP () Delete
Name: BROWNLEE, JOYCE
Address: 10300 SW 20TH COURT
City-St-Zip: MIRAMAR, FL 33025

Title: SEC () Delete
Name: WILLIAMS, BARBARA
Address: 7501NW 13TH COURT
City-St-Zip: PLANTATION, FL 33313

Title: TRE () Delete
Name: MCKAY, VILMA
Address: 9711 DUNHILL DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: MEM () Delete
Name: FUNCHESSE-STARKS, ELIZABETH
Address: 2229 MCCLELLAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: MEM (X) Change () Addition
Name: FUNCHESSE, ELIZABETH
Address: 2229 MCCLELLAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: CORNELL HAMPTON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date