

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008437

**FILED**  
**Apr 15, 2012**  
**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:**

P.O. BOX 3575  
HOLLYWOOD, FL 33083

**New Mailing Address:**

**FEI Number:** 26-0804158

**FEI Number Applied For ( )**

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

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

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

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

Title: MEM  
Name: FUNCHES, ELIZABETH  
Address: 2229 MCCLELLAN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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: CORNELL HAMPTON

P

04/15/2012

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

\_\_\_\_\_  
Date