

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 049 ****61.25

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1. Entity Name

DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.



Principal Place of Business

808 SOUTH MARTIN LUTHER KING JR. BLVD
DAYTONA BEACH FL 32114

Mailing Address

P O BOX 11225
DAYTONA BEACH FL 32120
US

34057452



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3194884

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLYNT, LIZZIE
808 SOUTH MARTIN LUTHER KING JR BLVD
DAYTONA BCH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLYNT, LIZZIE
STREET ADDRESS 808 SOUTH MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP DAYTONA BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME JAMES, SHARON
STREET ADDRESS 213 COLLEGE PARK DRIVE
CITY-ST-ZIP DAYTONA BE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME SHARPER, SARAH
STREET ADDRESS 430 LOCKHART ST.
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME EMANUEL, TINA N
STREET ADDRESS 207 MIDWAY AVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CS
NAME LAW, SANDRA
STREET ADDRESS 416 ELLSWORTH ST.
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☒ Delete

TITLE CS
NAME Mary Oturu
STREET ADDRESS 107 Luna Circle
CITY-ST-ZIP Ormond Beach FL 32174 ☒ Change ☒ Addition

TITLE PD
NAME MCWHIRTER, GLORIA
STREET ADDRESS 334-9 SW 62ND BLVD
CITY-ST-ZIP GAINESVILLE FL 32607 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lizzie Flynt* Lizzie Flynt 6-104 382 53-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #