

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005077

FILED
May 10, 2005
Secretary of State

Entity Name: DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 11225
DAYTONA BEACH, FL 32120 US

New Mailing Address:

P O BOX 10389
DAYTONA BEACH, FL 32120 US

FEI Number: 59-3194884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

FLYNT, LIZZIE
808 SOUTH MARTIN LUTHER KING JR BLVD
DAYTONA BCH, FL 32114 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: PD () Delete
Name: FLYNT, LIZZIE
Address: 808 SOUTH MARTIN LUTHER KING JR BLVD
City-St-Zip: DAYTONA BCH, FL

Title: VP () Delete
Name: JAMES, SHARON
Address: 213 COLLEGE PARK DRIVE
City-St-Zip: DAYTONA, BE

Title: S () Delete
Name: SHARPER, SARAH
Address: 430 LOCKHART ST.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: EMANUEL, TINA N
Address: 207 MIDWAY AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: CS () Delete
Name: OTERY, MARY
Address: 107 LUNA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: MCWHIRTER, GLORIA
Address: 334-9 SW 62ND BLVD
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FLYNT, LIZZIE
Address: 808 SOUTH MARTIN LUTHER KING JR BLVD
City-St-Zip: DAYTONA BCH, FL 32114

Title: VP (X) Change () Addition
Name: JAMES, SHARON
Address: 213 COLLEGE PARK DRIVE
City-St-Zip: DAYTONA, BE 32114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: OTURU, MARY
Address: 107 LUNA CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ED (X) Change () Addition
Name: MCWHIRTER, GLORIA
Address: 334-9 SW 62ND BLVD
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LIZZIE FLYNT

PD

05/10/2005

Electronic Signature of Signing Officer or Director

Date