

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90008 023 ****61.25

DOCUMENT # N93000005077

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 10389
DAYTONA BEACH, FL 32120 US**

4001100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272006 Chg-NP CR2E037 (11/05)

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
James Sharon
Street Address (P.O. Box Number is Not Acceptable)
213 College Park Drive
Daytona Beach **32114**
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 **Sharon James**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/06

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME FLYNT, LIZZIE
STREET ADDRESS 808 SOUTH MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP DAYTONA BCH, FL 32114

TITLE **President** ☒ Change ☐ Addition
NAME **Sharon James**
STREET ADDRESS **213 College Park Drive**
CITY-ST-ZIP **Daytona Beach, Fla. 32114**

TITLE VP ☐ Delete
NAME JAMES, SHARON
STREET ADDRESS 213 COLLEGE PARK DRIVE
CITY-ST-ZIP DAYTONA, BE 32114

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Tina Emanuel**
STREET ADDRESS **524 Freda Canale Way**
CITY-ST-ZIP **Ormond Beach, Fla 32120**

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

TITLE **Recording Secretary** ☒ Change ☐ Addition
NAME **Patricia Harbrough**
STREET ADDRESS **1605 Stocking Street**
CITY-ST-ZIP **Daytona Beach, Fla. 32114**

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

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Charles Nesbitt**
STREET ADDRESS **1690 Dunn Ave. #115**
CITY-ST-ZIP **Daytona Beach, Fla. 32114**

TITLE CS ☐ Delete
NAME OTURU, MARY
STREET ADDRESS 107 LUNA CIRCLE
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE **Corresponding Secretary** ☒ Change ☐ Addition
NAME **Delores Miller**
STREET ADDRESS **345 Baylston Ave**
CITY-ST-ZIP **Daytona Beach, Fla. 32118**

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

TITLE **Parliamentarian** ☐ Change ☒ Addition
NAME **Terlene Roster**
STREET ADDRESS **P O Box 2743**
CITY-ST-ZIP **Daytona Beach, Fla. 32120**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Sharon James - Sharon James**

Date

Daytime Phone #

2/3/06 386-200-0279