

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90019 006 ****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		
2. Principal Place of Business - No P.O. Box # 213 College Park Dr		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Daytona Beach, Fla		Suite, Apt. #, etc.			
City & State 32114 Volusia		City & State			
Zip 32114		Country Volusia		Zip 32114	
Country Volusia		Zip 32114		Country Volusia	
4. FEI Number 76-0817798 Applied For .59-3494884 Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JAMES, SHARON 213 COLLEGE PK DR DAYTONA BCH, FL 32114			7. Name and Address of New Registered Agent 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 <u>Sharon James</u> 8/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME JAMES, SHARON STREET ADDRESS 213 COLLEGE PK DR CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME EMANUEL, TINA STREET ADDRESS 524 FRED GAMBLE WY CITY-ST-ZIP ORMAND BEACH, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE RS NAME YARBOROUGH, PATRICIA STREET ADDRESS 1665 STOCKING ST CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Delete		TITLE RS NAME Dottie Gibson STREET ADDRESS 428 Barnesford Ave CITY-ST-ZIP Daytona, Fla. 32124	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME NESBITT, CHARLES STREET ADDRESS 1690 DUNN AVE, # 115 CITY-ST-ZIP DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete		TITLE T NAME April Harder STREET ADDRESS 1361 Beacon Drive CITY-ST-ZIP Daytona Beach, Fla. 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME MILLER, DELORES STREET ADDRESS 345 BAYLSTON AVE CITY-ST-ZIP DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ED NAME MCWHIRTER, GLORIA STREET ADDRESS 334-9 SW 62ND BLVD CITY-ST-ZIP GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sharon James</u> - Sharon James			8/10/07 386-253-8644		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		