2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005077

FILED Mar 28, 2008 8:00 am Secretary of State

03-28-2008 90035 042 ****61.25

1. Entity Name DAYTONA BEACH BLACK NURSES' ASSOCIATION, INC.									1.10	, -			
213 COLLEGE PARK DR P C			P 0 B(Mailing Address P O BOX 10389 DAYTONA BEACH, FL 32120 US				guu.			IIII er in sa iri	11111 4 6 111 4 6 1 11 1 0 1	111 0 1 1 1 11 0 1
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt. #. etc.			Suite, Apt. #, etc.				03182008	Chg-	NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Numb 76-081					oplied For of Applicable
Zip Country			Zip Cou			ntry	5. Certificate of Status D			s Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent								7. Name and	Addres	s of New	Registered	Agent	
JAMES, SHARON 213 COLLEGE PK DR DAYTONA BCH. FL 32114						Name Street Address (P.O. Box Number is Not Acceptable)							
]								
	· · · · · · · · · · · · · · · · · ·					City				FL			
	named entit ions of regist	y submits this statement fo tered agent.	r the purpo:	se of changing its	registere	d affice or re	egistere	ed agent, or bo	oth, in the	State of F	lorida. Lam	i familiar with,	and accept
SIGNATURE .	Signature, typed	d or printed name of registrated agent	and title if applic	able. (NOTE	: Registered	Agent signature	required v	when reinstating)		3	0 \ 25 \	108	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.									
	_							\$5.00 May E Added to Fees				k payable t rtment of S	
10.	Due by N		RECTORS				J ,		·	Flo	rida Depa	rtment of S	tate .
IIILE	Due by M	May 1, 2008 OFFICERS AND DIF	RECTORS		11.	on	J ,	Added to Fees	·	Flo	rida Depa	rtment of S	tate .
TITLE NAME	P JAMES, S	OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE	on	J ,	Added to Fees	·	Flo	rida Depa	rtment of S	tate .
IIILE	P JAMES, S 213 COLL	OFFICERS AND DIF SHARON LEGE PK DR	RECTORS	Trust Fund C	11. TITLE NAME STREE	on	J ,	Added to Fees	·	Flo	rida Depa	rtment of S	tate .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES, S 213 COLL	OFFICERS AND DIE	RECTORS	Trust Fund C	11. TITLE NAME STREE	T ADDRESS	J ,	Added to Fees	·	Flo	rida Depa	rtment of S	tate .
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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: __

SIGNATURE AND TYPED OR PRINTED NAME OF AIGNING OFFICER OR DIRECTOR

3/25/08 386-25

386-253-8644