

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005077

FILED  
Apr 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

213 COLLEGE PARK DR  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 10389  
DAYTONA BEACH, FL 32120 US

**New Mailing Address:**

**FEI Number:** 76-0817798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JAMES, SHARON  
213 COLLEGE PK DR  
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: P ( ) Delete  
Name: JAMES, SHARON  
Address: 213 COLLEGE PK DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP ( ) Delete  
Name: EMANUEL, TINA  
Address: 524 FRED GAMBLE WY  
City-St-Zip: ORMAND BEACH, FL 32720

Title: RS ( ) Delete  
Name: GIBSON, DOTTIE  
Address: 428 BARES FORD AVE  
City-St-Zip: DELAND, FL 32724

Title: T ( ) Delete  
Name: HARDEN, APRIL  
Address: 1361 BEACON DR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: C ( ) Delete  
Name: MILLER, DELORES  
Address: 345 BAYLSTON AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S ( ) Delete  
Name: PRATT, ALMA  
Address: 1146 13TH ST  
City-St-Zip: DAYTONA BEACH, FL 32117

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: CARLYLE, TINA  
Address: 524 FRED GAMBLE WY  
City-St-Zip: ORMOND BEACH, FL 32720

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON JAMES

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date