


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90022 028 ****70.00

DOCUMENT # N95000005352			
1. Entity Name CENTRAL FLORIDA BLACK NURSES ASSOCIATION OF ORLANDO, INC.			
Principal Place of Business GUARDIAN CARE NURSING & REHAB CENTER 2500 W. CHURCH ST. ORLANDO, FL 32805		Mailing Address CENTRAL FL BLACK NURSES ASSOCIATION P.O. BOX 585142 ORLANDO, FL 32808	
2. Principal Place of Business - No P.O. Box # MD Anderson Cancer Ctr of Orlando Suite, Apt. #, etc. 1400 S. Orange Ave. 4th floor City & State Orlando, FL Zip 32806 Country U.S.A		3. Mailing Address Suite, Apt. #, etc. City & State Country	
4. FEI Number 59-3288443		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CLARK, JUDITH Y 2202 MENOMONEE COURT ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name PHILPOTT, INGRID Street Address (P.O. Box Number is Not Acceptable) 2061 SHANNON LAKES BLVD City ORLANDO FL Zip Code 34743	
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 <i>Ingrid Philpott</i> Signature, typed or printed name of registered agent and title if applicable		Ingrid Philpott (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, ELAINE 9135 SAN AMBROSIO DR ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JUDITH Y 2202 MENOMONEE CT ORLANDO, FL 32818 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILPOTT, INGRID 2061 SHANNON LAKES BLVD ORLANDO, FL 34743 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILPOT, INGRID 2061 SHANNON LAKES BLVD KISSIMEE, FL 34743 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHINES, NORMA 1916 LAKE FOUNTAIN DR #818 ORLANDO, FL 32805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EASTMAN-ROBINSON, JUNE 14556 LYCASTLE CIR ORLANDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, QUIBULAH 1368 COUNTRYRIDGE PLACE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Quibulah Graham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/28/08 Date	
		407-341-5041 Daytime Phone #	

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