

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# N95000005352

Entity Name: CENTRAL FLORIDA BLACK NURSES ASSOCIATION OF ORLANDO, INC.

Current Principal Place of Business:

MD ANDERSON CANCER CTR OF ORLANDO
1400 S. ORANGE AVE. 4TH FLOOR
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

CENTRAL FL BLACK NURSES ASSOCIATION
P.O. BOX 585142
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 59-3288443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILPOTT, INGRID
2061 SHANNON LAKES BLVD
ORLANDO, FL 34743 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: D () Delete
Name: CALDWELL, ELAINE
Address: 9135 SAN AMBROSIO DR
City-St-Zip: ORLANDO, FL 32836

Title: P () Delete
Name: PHILPOTT, INGRID
Address: 2061 SHANNON LAKES BLVD
City-St-Zip: ORLANDO, FL 34743

Title: V () Delete
Name: RAINES, NORMA
Address: 1916 LAKE FOUNTAIN DR #818
City-St-Zip: ORLANDO, FL 32805

Title: S () Delete
Name: EASTMAN-ROBINSON, JUNE
Address: 14556 LYCASTLE CIR
City-St-Zip: ORLANDO, FL 32826

Title: TD () Delete
Name: GRAHAM, QUIBULAH
Address: 1368 COUNTRYRIDGE PLACE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: QUIBULAH GRAHAM

TD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date