2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005352

FILED Feb 26, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

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

PHILPOTT, INGRID

2061 SHANNON LAKES BLVD

ORLANDO, FL 34743 US

BROWN, CONSTANCE
7230 PLANTAIN DR.
ORLANDO, FL 32818 US

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: CONSTANCE BROWN 02/26/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: PHILLS, ARLINDA
Address: 2504 ALABASTER AVE
City-St-Zip: ORLANDO, FL 32833

Title: P

Name: BROWN, CONSTANCE Address: 7230 PLANTAIN DRIVE City-St-Zip: ORLANDO, FL 32818

Title: V

Name: RHINES-RUSS, NORMA Address: 1916 LAKE FOUNTAIN DR #818

City-St-Zip: ORLANDO, FL 32805

Title:

 Name:
 LEE, ROSE

 Address:
 2411 ALBION AVE

 City-St-Zip:
 ORLANDO, FL 32833

Title: TD

Name: GRAHAM, QUIBULAH
Address: 1368 COUNTRYRIDGE PLACE
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: QUIBULAH GRAHAM TD 02/26/2010