

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005352

FILED
Feb 27, 2011
Secretary of State

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:

CENTRAL FL BLACK NURSES ASSOCIATION
P.O. BOX 585142
ORLANDO, FL 32858

FEI Number: 59-3288443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, CONSTANCE
7230 PLANTAIN DR.
ORLANDO, FL 32818 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
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: DEESE, IDA
Address: 3917 BROOKMYRA DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: S
Name: LEE, ROSE
Address: 2411 ALBION AVE
City-St-Zip: ORLANDO, FL 32833

Title: TD
Name: CLARK, JUDITH Y
Address: 2202 MENOMONEE COURT
City-St-Zip: ORLANDO, FL 32818

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: CONSTANCE BROWN

P

02/27/2011

Electronic Signature of Signing Officer or Director

Date