

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005352

FILED  
Feb 16, 2012  
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 32858

**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:**

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: JACKSON, DOROTHY  
Address: 3016 PARKWAY BLVD #101  
City-St-Zip: KISSIMMEE, FL 34747

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: GREEN, JUANITA  
Address: 1008 PROVIDENCE LANE  
City-St-Zip: OVIEDO, FL 32765

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: JUDITH Y. CLARK

TD

02/16/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date