

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90102 017 ****61.25

DOCUMENT # N03000006019	
1. Entity Name NATIONAL COUNCIL OF NEGRO WOMEN, ST. PETERSBURG METROPOLITAN SECTION, INC.	
Principal Place of Business 1835 9TH AVENUE SOUTH ST PETERSBURG, FL 33712	Mailing Address PO BOX 11474 ST PETERSBURG, FL 33733-1474



40047684



03192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3657801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUTLIFF, YATE K 501 1ST AVENUE N #507 ST PETERSBURG, FL 33701
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEIGHTS, DIANE 5418 27TH STREET SOUTH 61 ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRIS, SIGNORA 3731 5TH AVENUE SOUTH ST PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELCH, MAE 3731 10TH AVE SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAINEY, JOANNE 3901 39TH ST SOUTH SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Financial Secretary Cynthia M. Jenkins 4690 Menhaden Drive S.E. St. Petersburg, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Luis D. Speights
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07 727-8962922
Date Daytime Phone #