

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006019

Entity Name: NATIONAL COUNCIL OF NEGRO WOMEN, ST. PETERSBURG METROPOLITAN SECTION, INC.**FILED**
Mar 06, 2015
Secretary of State
CC7022290897**Current Principal Place of Business:**1835 NINTH AVENUE SOUTH
ST PETERSBURG, FL 33712**Current Mailing Address:**PO BOX 11474
ST PETERSBURG, FL 33733-1474 US**FEI Number: 59-3657801****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROUSON, DARRYL
3030 59TH AVENUE S
SAINT PETERSBURG, FL 33712 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | PRES |
| Name | ROUSON, ANGELA |
| Address | 3030 59TH AVENUE S |
| City-State-Zip: | ST PETERSBURG FL 33712 |

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|-----------------|-----------------------------|
| Title | SEC |
| Name | GAMMAGE AHMED, ALLENE |
| Address | PO BOX 12452 |
| City-State-Zip: | ST PETERSBURG FL 33733-1474 |

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|-----------------|---------------------------|
| Title | TREASURER |
| Name | ANNIE, TUCKER |
| Address | 1025 40TH STREET S |
| City-State-Zip: | SAINT PETERSBURG FL 33711 |

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|-----------------|-------------------------|
| Title | VP 3 |
| Name | MOTON, ZANETA |
| Address | 2314 ALSALE TERRACE |
| City-State-Zip: | ST. PETERSBURG FL 33714 |

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|-----------------|-------------------------|
| Title | VP 1 |
| Name | WILSON, JACQUELYN |
| Address | 7849 POWDER HORN CIRCLE |
| City-State-Zip: | LARGO FL 33733 |

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|-----------------|-----------------------------|
| Title | FIN SEC |
| Name | OWENS, ANGELA |
| Address | 10120 11TH STREET N #201 |
| City-State-Zip: | SAINT PETERSBURG FL 33716 |

| | |
|-----------------|------------------------|
| Title | VP 2 |
| Name | BRUCE, THELMA |
| Address | 2167 DESOTO WAY S |
| City-State-Zip: | ST PETERSBURG FL 33712 |

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: ANGELA ROUSON**PRESIDENT****03/06/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date