

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006019

Entity Name: NATIONAL COUNCIL OF NEGRO WOMEN, ST. PETERSBURG METROPOLITAN SECTION, INC.**FILED**
Jan 31, 2014
Secretary of State
CC0037119634**Current Principal Place of Business:**1835 NINTH AVENUE SOUTH
ST PETERSBURG, FL 33712**Current Mailing Address:**PO BOX 12452
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

Title	VP 1
Name	WELCH, MAE
Address	3758 TENTH AVENUE S
City-State-Zip:	ST PETERSBURG FL 33711

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

Title	TRS
Name	HAYWARD, BETTY
Address	5234 DR. M.L. KING STREET S
City-State-Zip:	SAINT PETERSBURG FL 33705

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

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****01/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date