

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767980

1. Entity Name
NATIONAL HOOK-UP OF BLACK WOMEN, INC.
TALLAHASSEE CHAPTER



Principal Place of Business
3138 CORRIB DRIVE
TALLAHASSEE, FL 32309 US

Mailing Address
P.O. BOX 6647
TALLAHASSEE, FL 32314-6647 US

FILED
05 APR 12 AM 8:11
CLERK OF COURT
TALLAHASSEE, FLORIDA



03202005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
52-1154213
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, SHIRLEY A DR
3138 CORRIB DRIVE
TALLAHASSEE, FL 32309

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, SHIRLEY
STREET ADDRESS 3138 CORRIB DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VD
NAME HILL, LOYCE
STREET ADDRESS 313 TALWOOD DR
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE VD
NAME PERRY, IRENE
STREET ADDRESS 3105 RACKLEY DR
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE TD
NAME HALL, MILDRED
STREET ADDRESS 9017 TURNBERRY COURT
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE SD
NAME ROBINSON, MINNIE
STREET ADDRESS 3267 SKYVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900054012389
05/06/05--01059--016 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Shirley A. Jones (Shirley A. Jones, P.D.) 3/21/05, 893-1926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #