## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 12, 2006 8:00 am Secretary of State

DOCUMENT # 767980  1. Entity Name NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSEE CHAPTER						04-12-200		)28 ****6	1.25
Principal Place of Business Mailing Address 3138 CORRIB DRIVE P.O. BOX 6647 TALLAHASSEE, FL 32309 US TALLAHASSEE, FL 32314-6647 US						400470	73		
Principal Place of Business     3. Mailing Address									
3105 Rackley Dr.		Suite, Apt. #, etc.			04072006	Chg-NP	CR2E0	37 (11/05)	
Tallahassee, FL		City & State			4. FEI Numbe 52-1154				oplied For ot Applicable
3 2 3	<del></del>	Zip	Country		<u> 1.,</u>	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Nam	Δ	اسپ	Address of New	Registered	Agent	
JONES, SHIRLEY A DR 3138 CORRIB DRIVE			Stree	Name Trene Thompson Perry Street Address (P.D. Box Nymber is Not Acceptable) 3105 A Q CK LEU Drille					
TALLAHAS	SSEE, FL 32309				11 4 ~(~)	4	<u> </u>		
ChyTaila					hasse		FL	Zio Cod	305
	named entity submits this statement for ions offegistered agent.	r the purpose of changing its	registered office	e or register			Rorida. I am		
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SIGNATURE The To Flux Habitator (NOTE: Registered Agant signature required when reinstating)  DATE									
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	Signature, typed or printed name of registered agent					1	DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006		npaign Financin		\$5.00 May Backdood to Fees	FI		k payable to	
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign Financin Contribution.	9	\$5.00 May Bound Added to Fees ADDITIONS/CHA	FI FI	orida Depa	rtment of S	tate
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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 suppliemental 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 grapowered.

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SIGNATURE: "

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI OR DIRECTOR