

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

04-12-2006 90081 028 ****61.25

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04072006 Chg-NP CR2E037 (11/05)

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		
2. Principal Place of Business Suite, Apt. #, etc. 3105 Rackley Dr. City & State Tallahassee, FL Zip 32305			3. Mailing Address Suite, Apt. #, etc. City & State Zip Leon		
4. FEI Number 52-1154213			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JONES, SHIRLEY A DR 3138 CORRIB DRIVE TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name Irene Thompson Perry Street Address (P.O. Box Number is Not Acceptable) 3105 Rackley Drive City Tallahassee FL Zip Code 32305		
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: <u>Irene T. Perry, President</u> DATE: <u>4/9/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, SHIRLEY 3138 CORRIB DRIVE TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perry, Irene T 3105 Rackley Dr Tallahassee, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, LOYCE 313 TALWOOD DR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, IRENE 3105 RACKLEY DR TALLAHASSEE, FL 32310 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Knight, Odies 498 Ferndale Drive Tallahassee, FL 32301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, MILDRED 9017 TURNBERRY COURT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, MINNIE 3267 SKYVIEW DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Irene T. Perry</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>4/9/06</u> (850) 576-3586 <small>Date Daytime Phone #</small>		