

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90074 041 \*\*\*\*61.25

0011981

DOCUMENT # 768214

1. Corporation Name

EBONY WOMAN'S CLUB, INC.

Principal Place of Business

OLIVER ST.  
POB 1243  
CROSS CITY FL 32628

Mailing Address

OLIVER ST.  
POB 1243  
CROSS CITY FL 32628



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/02/1983

4. FEI Number

59-2364451

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HOLLIS, SALLY MAE  
CENTER ST.  
CROSS CITY FL 32628

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Sally Mae Hollis

Sally Mae Hollis (President) 4-27-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TAYLOR, MARY RUTH G.  
CITY-ST-ZIP FRANKLIN AVE POB 815 N/A  
CROSS CITY FL

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS HOLLIS, SALLY MAE  
CITY-ST-ZIP CENTER ST PO BOX 111 N/A  
CROSS CITY FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS JOHNSON, HEDIE BELL  
CITY-ST-ZIP CHESS HALL AVE POB393 NA  
CROSS CITY FL 00000

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS DAWSON, ELIZABETH  
CITY-ST-ZIP OLIVER ST PO BOX 162 N/A  
CROSS CITY FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SMITH, WILLMONTEEN R.  
CITY-ST-ZIP DIXIE ST PO BOX 638 NA/  
CROSS CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elizabeth Dawson 4-27-99 352 498-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)