

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90456 033 \*\*\*\*61.25

**DOCUMENT # 768214**

1. Entity Name

**EBONY WOMAN'S CLUB, INC.**

Principal Place of Business

Mailing Address

OLIVER ST.  
 POB 1243  
 CROSS CITY FL 32628

OLIVER ST.  
 POB 1243  
 CROSS CITY FL 32628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2364451**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLIS, SALLY MAE  
 CENTER ST.  
 CROSS CITY FL 32628**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

*Rosie L. Glanton / Rosie L. Glanton / 5-26-02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD  
 NAME Glanton, Rosie L.  
 STREET ADDRESS P.O. Box 1173 Osteen Road  
 CITY-ST-ZIP Cross City, FL 32628 ☒ Change ☒ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
 NAME KIRKLAND, CAROLYN  
 STREET ADDRESS OLIVER ST P.O. BOX 5  
 CITY-ST-ZIP CROSS CITY FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Elizabeth Dawson / Elizabeth Dawson / 06/12/02 (352) 498-1333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)