

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008541

FILED
Jan 22, 2008
Secretary of State

Entity Name: NATIONAL COALITION OF 100 BLACK WOMEN, INC., POLK COUNTY CHAPTER, INC.

Current Principal Place of Business:

240 WYNELL DRIVE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

PO BOX 2998
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 52-2312692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFER, ELIOT J
4925 BEACH BLVD.
JACKSONVILLE, FL 33307 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, ELIZABETH A
Address: PO BOX 2998
City-St-Zip: WINTER HAVEN, FL 33885

Title: DVP () Delete
Name: BURNETT, DEIRDRA
Address: 1106 MEADOW LARK LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: 1VP () Delete
Name: HILL, KELLY J
Address: 912 AVENUE T NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: DVP () Delete
Name: TINSLEY, SERETHA
Address: 2705 COUNTRY CLUB ROAD N
City-St-Zip: WINTER HAVEN, FL 33883

Title: CS () Delete
Name: BIRDSONG, ELIZABETH A
Address: 2417 ROBERT CIRCLE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: RS () Delete
Name: HOWARD, JOSEPHINE
Address: 2711 ORCHID DRIVE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH YOUNG

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date