

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000009942

1. Entity Name

SOUTH PALM BEACH COUNTY CHAPTER OF THE NATIONAL
COALITION OF 100 BLACK WOMEN, INC.



FILED

03 DEC 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
503 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401

Mailing Address
503 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2068883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, LILLIE
503 CLEAR LAKE AVENUE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Carolyn L. Young
Street Address (P.O. Box Number is Not Acceptable)
15112 Tall Oak Avenue
City Delray Beach FL Zip Code 33446

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 obligation of registered agent.

SIGNATURE

Carolyn L. Young Carolyn L. Young

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

(NOTE: Registered Agent signature required when re-registering)

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WILSON, LILLIE	
STREET ADDRESS	503 CLEAR LAKE AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIRTMAN, BLANCHE	
STREET ADDRESS	912 NW 3RD STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRIGHT, DEBORAH	
STREET ADDRESS	2210 NW 10TH PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, BARBARA	
STREET ADDRESS	11211 SOUTH MILITARY TRAIL #3422	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOONE, VIDA	
STREET ADDRESS	930 NW 38TH TERRACE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, CAROLYN L	
STREET ADDRESS	15112 TALL OAK AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doris P. Robinson	
STREET ADDRESS	6858 Finamore Circle	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700023962357	
CITY-ST-ZIP	10/21/03--01027--017--**61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700023962357	
CITY-ST-ZIP	12/17/03--01064--005--**175.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Carolyn L. Young

10-6-03

CR2E037 (10/02)

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