

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N02000009942

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

Current Principal Place of Business:

15112 TALL OAK AVENUE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

15112 TALL OAK AVENUE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 41-2068883 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNG, CAROLYN L
15112 TALL OAK AVE
DELRAY BEACH, FL 33446 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: ROBINSON, DORIS P
Address: 6858 FINAMORE CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: GIRTMAN, BLANCHE
Address: 912 NW 3RD STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: S () Delete
Name: BOONE, VIDA
Address: 930 NW 38TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Delete
Name: YOUNG, CAROLYN L
Address: 15112 TALL OAK AVENUE
City-St-Zip: DELRAY BEACH, FL 33446

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLYN YOUNG

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05/04/2005

Electronic Signature of Signing Officer or Director

_____ Date