

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 23, 2006  
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 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: CAROLYN L. YOUNG

D

05/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date