2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009942

FILED Sep 07, 2008 Secretary of State

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

INC

Current Principal Place of Business: New Principal Place of Business:

15112 TALL OAK AVENUE 6108 WILDCAT RUN

DELRAY BEACH, FL 33446 WEST PALM BEACH, FL 33412

Current Mailing Address: New Mailing Address:

15112 TALL OAK AVENUE 6108 WILDCAT RUN

DELRAY BEACH, FL 33446 WEST PALM BEACH, FL 33412

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: Name and Address of New Registered Agent:

YOUNG, CAROLYN L WARE, SANDRA 15112 TALL OAK AVE 6108 WILDCAT RUN

DELRAY BEACH, FL 33446 US WEST PALM BEACH, FL 33412 US

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: SANDRA WARE 09/07/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

 Name:
 ROBINSON, DORIS P
 Name:
 WARE, SANDRA

 Address:
 6858 FINAMORE CIRCLE
 Address:
 6108 WILDCAT RUN

City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP () Delete Title: () Change () Addition

 Name:
 GIRTMAN, BLANCHE
 Name:

 Address:
 912 NW 3RD STREET
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 LOWERY, DOROTHY
 Name:

 Address:
 15778 GALLINULE CIRCLE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

Name:YOUNG, CAROLYN LName:DURDEN, BRENDAAddress:15112 TALL OAK AVENUEAddress:702 BLVD. CHATELAINE EASTCity-St-Zip:DELRAY BEACH, FL 33446City-St-Zip:DELRAY BEACH, FL 33445

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: SANDRA WARE P 09/07/2008