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Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~2520~~ N02520

1. Corporation Name
Minority Women's Coalition, Inc.

Principal Place of Business — Mailing Address

3. Date Incorporated or Qualified: 1977
4. FEI Number: 59-2868637 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 2013 Rowe AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: Jacksonville, Fla.
24 Zip / 25 Country	29 Zip: 32208 / 30 Country: US

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARLOTTA T. McINTOSH
7051 ALAN AVE.
JACKSONVILLE, FL 32208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Carlotta T. McIntosh — DATE April 23, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	President ☐ DELETE	1.1 TITLE D	Recording Secretary ☐ Change ☐ Addition
NAME	Carlotta McIntosh	1.2 NAME	Connie Haywood
STREET ADDRESS	7051 Alan Ave.	1.3 STREET ADDRESS	1065 Lobster Lane
CITY-ST-ZIP	Jacksonville, Fla. 32208	1.4 CITY-ST-ZIP	Jacksonville, Fla. 32218
TITLE D	Financial Sec. ☐ DELETE	2.1 TITLE D	Treasurer ☒ Change ☐ Addition
NAME	Marjorie E. Neal	2.2 NAME	Marjorie E. Neal
STREET ADDRESS	2481 W. 23rd Street	2.3 STREET ADDRESS	2481 W. 23rd. St.
CITY-ST-ZIP	Jacksonville, Fla. 32209	2.4 CITY-ST-ZIP	Jacksonville, Fla. 32209
TITLE	Treasurer ☒ DELETE	3.1 TITLE D	President ☐ Change ☐ Addition
NAME	Mary F. Wilson	3.2 NAME	Carlotta T. McIntosh
STREET ADDRESS	2125 College Circle W.	3.3 STREET ADDRESS	7051 Alan Ave.
CITY-ST-ZIP	Jacksonville, Fla. 32209	3.4 CITY-ST-ZIP	Jacksonville, Fla. 32208
TITLE D	Recording Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Connie Haywood	4.2 NAME	
STREET ADDRESS	1065 Lobster Lane	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fla. 32218	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002574921
STREET ADDRESS		6.3 STREET ADDRESS	-06/29/98--01073--010 ***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

6-26

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie E. Neal Marjorie E. Neal — April 23, 98 — 1-904-355-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #