2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N08000004021

Entity Name: PENSACOLA FEDERATION OF COLORED WOMEN'S CLUBS, INC.

Current Principal Place of Business:

423 NORTH C STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

C/O 3190 BELLE CHRISTIANE DR.
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 26-2332558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAINES, BEVERLYN
3190 BELLE CHRISTIANE DR.
PENSACOLA, FL 32503 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:	DP	( ) Delete
Name:	SANDFORD BAINES, BEVERLYN	
Address:	3190 BELLE CHRISTIANE DR.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	DVP	( ) Delete
Name:	ARNOLD, JULIA	
Address:	8235 STRASBURG RD.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D2VP	( ) Delete
Name:	HICKS, BEATRICE	
Address:	7276 ROLLING HILLS RD.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D3VP	( ) Delete
Name:	PITTS, IRENE	
Address:	1501 E. CROSS ST.	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	D4VP	( ) Delete
Name:	MERCER, CALLISTA	
Address:	3403 W. BOBE ST.	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	DS	( ) Delete
Name:	SOTO-HOGAN, STELLA M.	
Address:	810 W MORENO ST	
City-St-Zip:	PENSACOLA, FL 32501	

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:	
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 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: BEVERLYN SANDFORD-BAINES PRES 04/18/2009

Electronic Signature of Signing Officer or Director — Date