

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001698

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** NATIONAL HOOK-UP OF BLACK WOMEN, INC., GADSDEN COUNTY CHAPTER

**Current Principal Place of Business:**

930 WEST CRAWFORD STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

3412 BLUE JAY DRIVE  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

3412 BLUE JAY DRIVE  
TALLAHASSEE, FL 32305

**New Mailing Address:**

**FEI Number:** 80-0435192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, BARBARA R  
3412 BLUE JAY DRIVE  
TALLAHASSEE, FL 32305 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  
Name: JEFFERSON, LINDA  
Address: P.O. BOX 180624  
City-St-Zip: TALLAHASSEE, FL 32318

Title: V  
Name: WRIGHT, LAUREN  
Address: 585 SHELINE DRIVE  
City-St-Zip: HAVANA, FL 32333

Title: V  
Name: KOONCE, DEBRA  
Address: 376 N. CHARLES WILLIS DRIVE  
City-St-Zip: MIDWAY, FL 32343

Title: S  
Name: HOLLOWAY, CYNTHIA  
Address: 50 DORA & BUSTER ROAD  
City-St-Zip: QUINCY, FL 32352

Title: T  
Name: HARVEY, BARBARA R  
Address: 3412 BLUE JAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

I hereby 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 all other like empowered.

SIGNATURE: BARBARA R. HARVEY

TREA

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date