

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007753

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** NATIONAL COALITION OF 100 BLACK WOMEN-CENTRAL FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

4403 OAKHAM COURT  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

4403 OAKHAM COURT  
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number:** 27-3533062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BATSON, DELORIS B  
4403 OAKHAM COURT  
ORLANDO, FL 32818 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: PRES  
Name: BATSON, DELORIS B  
Address: 4403 OAKHAM COURT  
City-St-Zip: ORLANDO, FL 32818

Title: VP1  
Name: SMITH, VERONICA  
Address: P. O. BOX 607669  
City-St-Zip: ORLANDO, FL 32860

Title: VP2  
Name: SMITH, KRYSTAL M  
Address: P. O. BOX 607669  
City-St-Zip: ORLANDO, FL 32860

Title: VP3  
Name: CASTILE, ROSALYN  
Address: P. O. BOX 607669  
City-St-Zip: ORLANDO, FL 32860

Title: R/CS  
Name: BROWN, PAMELA  
Address: P. O. BOX 607669  
City-St-Zip: ORLANDO, FL 32860

Title: TRES  
Name: WILLIAMS, BETTY  
Address: P. O. BOX 607669  
City-St-Zip: ORLANDO, FL 32860

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: DELORIS B. BATSON

PRES

04/11/2012

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

\_\_\_\_\_  
Date