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2011 JAN 13 PM 3: 01 SECRETARY OF STATE

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: National Congress of Black Women, Inc. (NCBW)

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	OPY REQUIRED
	र्वे के विक्रिकेट के अन्य प्रश्निक मध्य	a united and outlier of	Control of the State of State
FROM:	Susan M. Ruffin	nted or typed)	- ;
	12669 Sampson		
	Ac	ldress	
	Jacksonville, FL		_
	City, S	tate & Zip	
	(904) 768-2295	lephone number	_
	sueruffin@come	cast.net	ution)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	12669 Sampson Road	- -	
	Jacksonville, FL 32218	- - ·	
RTICLE III	PURPOSE		
he purpose for v	which the corporation is organized is:		
conomic state	f the National Congress of Black Women sh us of African American women and their fan d appointment of African American women's	nilies; to serve a	as a nonpartisan voice and instrument for
RTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:
The local Dir	ector/Chair is appointed by the Nation	nal Chair - Dr.	E. Faye Williams, Esq.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		•
Name and T	itle: Dr. Susan M. Ruffin, Local Chair	Name and Title	Lt. Col. Felice Franklin, Vice Chair
Address:	12669 Sampson Road	_ Address:	2968 Herschel Street
	Jacksonville, FL 32218	_	Jacksonville, FL 32205
	14. A. D. H. O. H. T.		Mar Michalla Commingham Comming
	Title: Ms. Benetta Standly, Treasurer		4573 Wandering Oaks Ct
Address:	118 W. Adams St. #510 Jacksonville, FL 32202	_ Address:	Jacksonville, FL 32257
	Jackson Ville, FL SZZOZ		Jacksonvine, I L J2231
Name and T	Fitte: Mrs. Leslie Minor, Membership Chair	Name and Title	. Ms. Lillie Vereen, 2nd Vice Chair/Palimen.
Address:	9281 Hawkeye Drive		P.O. Box 28628
ridar 055.	Jacksonville, FL 32221	1744.000.	Jacksonville, FL 32226
			
RTICLE VI	REGISTERED AGENT		SEC ALL
he <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:
Name:	Dr. Susan M. Ruffin		AZ Z
Address:	12669 Sampson Road		× 2 ω
	Jacksonville, FL 32218		नि क मि
RTICLE VII	INCORPORATOR		85 w U
	dress of the Incorporator is:		5 7 9
Name:	Dr. Susan M. Ruffin		>
Address:	12669 Sampson Road		
	Jacksonville, FL 32218		
			
laving been nar	ned as registered agent to accept service of proc	ess for the above	stated corporation at the place designated in the
ertificate, I am f	amiliar with and accept the appointment as registe	red agent and agr	ee to act in this capacity
Aus	un m Chill' -		1/4/3011
S) prince	Required Signature of Registered Agent		Date
•			·
submit this doci	ument and affirm that the facts stated herein are t	true. I am aware to	hat any false information submitted in a docume 55 FS
) tne Degartmen	t of State constitutes a third degree felony as provi	ueu jor in 5.61 /.13	1./
1/1/1	MM. Required Signature of Incorporator		//8/20// /Date