


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N27727 1. Entity Name NATIONAL COALITION OF 100 BLACK WOMEN, INC., TAMPA BAY CHAPTER	
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Principal Place of Business 2505 38TH AVENUE TAMPA, FL 33610	Mailing Address P.O. BOX 11981 TAMPA, FL 33680-1981
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04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2903622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, GWENDOLYN M 2505 38TH AVENUE TAMPA, FL 33610
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Betty Briggs Johnson</i> <small>Signature, typed, printed name of registered agent and title if applicable</small>	DATE <i>4-29-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, GWENDOLYN M 2505 38TH AVENUE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGGS-JOHNSON, BETTY 6907 POTOMAC CIRCLE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILDS, JACQUELINE S 3509 RIVER GROVE DRIVE TAMPA, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, BLANCHE A 6216 N QUEENSWAY DRIVE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDON, JANICE S 5201 CUMBERLAND DRIVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80028-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered	
SIGNATURE: <i>Betty Briggs Johnson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4-29-06</i> <small>Daytime Phone #</small>