

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90011 039 \*\*\*\*61.25

<b>DOCUMENT # N27727</b>			
<b>1. Entity Name</b> NATIONAL COALITION OF 100 BLACK WOMEN, INC., TAMPA BAY CHAPTER			
<b>Principal Place of Business</b> 2505 38TH AVENUE TAMPA, FL 33610		<b>Mailing Address</b> P.O. BOX 11981 TAMPA, FL 33680-1981	
<b>2. Principal Place of Business - No P.O. Box #</b> 2331 Fairway Dr S.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Plant City, FL		<b>City &amp; State</b>	
<b>Zip</b> 33566		<b>Country</b>	
<b>4. FEI Number</b> 59-2903622		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MILLER, GWENDOLYN M 2505 38TH AVENUE TAMPA, FL 33610		<b>7. Name and Address of New Registered Agent</b> Name: <u>Marion Cole</u> Street Address (P.O. Box Number is Not Acceptable): <u>2331 Fairway Drive S</u> City: <u>Plant City</u> <u>FL</u> <u>33566</u>	
<b>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.</b> SIGNATURE: <u>Marion Cole</u> (NOTE: Registered Agent signature required when translating) DATE: _____			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD <b>NAME</b> MILLER, GWENDOLYN M <b>STREET ADDRESS</b> 2505 38TH AVENUE <b>CITY-ST-ZIP</b> TAMPA, FL 33610	<input type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b> Miller, Gwendolyn M <b>STREET ADDRESS</b> 2505 38th Avenue <b>CITY-ST-ZIP</b> Tampa, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> BRIGGS-JOHNSON, BETTY <b>STREET ADDRESS</b> 6907 POTOMAC CIRCLE <b>CITY-ST-ZIP</b> RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> Marion Cole <b>STREET ADDRESS</b> 2331 Fairway Drive S <b>CITY-ST-ZIP</b> Plant City, FL 33566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> WILDS, JACQUELINE S <b>STREET ADDRESS</b> 3509 RIVER GROVE DRIVE <b>CITY-ST-ZIP</b> TAMPA, FL 33567	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S <b>NAME</b> Bettye Griffin <b>STREET ADDRESS</b> P.O. Box 5603 <b>CITY-ST-ZIP</b> Tampa, FL 33625	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> TURNER, BLANCHE A <b>STREET ADDRESS</b> 6216 N QUEENSWAY DRIVE <b>CITY-ST-ZIP</b> TEMPLE TERRACE, FL 33617	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LONDON, JANICE S <b>STREET ADDRESS</b> 5201 CUMBERLAND DRIVE <b>CITY-ST-ZIP</b> TAMPA, FL 33617	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Bettye Griffin</u> <u>Betty Briggs-Johnson</u>		Date: <u>3-20-07</u> Daytime Phone: # _____	