# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2009**
**Secretary of State**

DOCUMENT# N27727

**Entity Name:** NATIONAL COALITION OF 100 BLACK WOMEN, INC., TAMPA BAY CHAPTER

**Current Principal Place of Business:**

2331 FAIRWAY DR S
PLANT CITY, FL 33566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11981
TAMPA, FL 336801981

**New Mailing Address:**

**FEI Number: 59-2903622** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COLE, MARION
2351 FAIRWAY DR S
PLANT CITY, FL 33566 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: | D | ( ) Delete |
| Name: | MILLER, GWENDOLYN M | |
| Address: | 2505 38TH AVENUE | |
| City-St-Zip: | TAMPA, FL 33610 | |
| Title: | T | ( ) Delete |
| Name: | BOWERS, HATTIE | |
| Address: | 7449 RICHLAND ST | |
| City-St-Zip: | WESLEY CHAPEL, FL 33544 | |
| Title: | PD | ( ) Delete |
| Name: | COLE, MARION | |
| Address: | 2331 FAIRWAY DR S | |
| City-St-Zip: | PLANT CITY, FL 33566 | |
| Title: | VD | ( ) Delete |
| Name: | LONDON, JANICE S | |
| Address: | 5201 CUMBERLAND DRIVE | |
| City-St-Zip: | TAMPA, FL 33617 | |
| Title: | S | ( ) Delete |
| Name: | BELL, SANDRA R B | |
| Address: | PO BOX 745 | |
| City-St-Zip: | TAMPA, FL 336010745 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARION COLE PRES 02/14/2009
Electronic Signature of Signing Officer or Director — Date