

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43059 (7)

1. Corporation Name

**NATIONAL COALITION OF 100 BLACK WOMEN, INC. BROW
ARD COUNTY CHAPTER**



Principal Place of Business

Mailing Address

4299 N.W. 16TH ST.
#301 ASHLEY HALL
LAUDERHILL FL 33313

4299 N.W. 16TH ST.
#301 ASHLEY HALL
LAUDERHILL FL 33313

3. Date Incorporated or Qualified
04/19/1991

3a. Date of Last Report
08/14/1995

2. Principal Place of Business
21 **301 N. Pine Island Rd.**

2a. Mailing Address
26 **301 N. Pine Island Rd**

4. FEI Number
65-0394630

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **#257**

Suite, Apt. #, etc.
27 **#257**

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

City & State
23 **Plantation, FL**

City & State
28 **Plantation, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
24 **33324** Country
25 **USA**

Zip
29 **33324** Country
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARTIN-HALL, LAURA
4299 N.W. 16TH ST.
#301-ASHLEY HALL
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name **Edith L. Gooden**
82 Street Address (P.O. Box Number is Not Acceptable)
301 N. Pine Island Rd. #257
83
84 City **Plantation** FL 85 Zip Code
33324

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edith L. Gooden* **President** **4-30-96**
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EVELYN	
STREET ADDRESS	121 N.W. 33RD TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, YVETTE	
STREET ADDRESS	4807 NW 9TH DR	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, NONA	
STREET ADDRESS	1840 S.W. 87TH AVE.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, BRENDA ALLEN	
STREET ADDRESS	3000 NW 24TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMAN, GAIL	
STREET ADDRESS	3631 N.W. 7TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALE, BETTIE JACKSON	
STREET ADDRESS	2315 N.W. 36TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dr. Eloise McCoy Cain	
13 STREET ADDRESS	1801 NW 33rd Terrace	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Carol Connor	
23 STREET ADDRESS	2431 SW 87 Avenue	
24 CITY-ST-ZIP	MIRAMAR, FL 33025	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Dr. Dierdra S. Wilson	
33 STREET ADDRESS	501 SW 149 Terrace, Cypress Point Dr. E.	
34 CITY-ST-ZIP	Pembroke Pines, FL 33021	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edith L. Gooden* **7-1-96 (954) 924-2575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)