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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

301 N PINE ISLAND RD
#257
PLANTATION FL 33324
US

Mailing Address

301 N PINE ISLAND RD
#257
PLANTATION FL 33324-1827
US



2. Principal Place of Business

21 3000 NW 94th Street
Suite, Apt. #, etc.

22 -

23 City & State
Ft. Lauderdale, FL

24 Zip
33311

Country
USA

2a. Mailing Address

26 3000 NW 94th Street
Suite, Apt. #, etc.

27 -

28 City & State
Ft. Lauderdale, FL

29 Zip
33311

Country
USA

3. Date Incorporated or Qualified
04/19/1991

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0394630

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EDITH L. GOODEN
301 N PINE ISLAND RD. #257
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
Brenda Smith - Allen
82 Street Address (P.O. Box Number is Not Acceptable)
3000 NW 94th Street
83 Ft. Lauderdale
84 City
FL 85 Zip Code
33311

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

Brenda E. Smith - Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DR. ELOISE MCCOY CAIN
1801 NE 33RD TERRACE
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAROL CONNOR
2431 SW 87 AVENUE
MIRAMAR FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DR. DIERDRE S. WILSON
501 SW 149 TERRACE, CYPRESS POINT DR E
PEMBROKE PINES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, BRENDA ALLEN
3000 NW 24TH ST
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FREEMAN, GAIL
3631 N.W. 7TH PLACE
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DALE, BETTIE JACKSON
2315 N.W. 36TH TERRACE
LAUDERDALE LAKES FL 33311

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
Smith, Evelyn
181 NW 33rd Terrace
Ft. Lauderdale, FL 33311
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Brenda E. Smith - Allen* 4/26/97 (reinstating)

CR2E037 (9/96)