


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90011 014 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43059

1. Corporation Name

NATIONAL COALITION OF 100 BLACK WOMEN, INC. BROWARD COUNTY CHAPTER

Principal Place of Business

Mailing Address

8939 NW 44TH COURT
SUNRISE FL 33351
US

8939 NW 44TH COURT
SUNRISE FL 33351
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2315 NW 36th Terrace	26	2315 NW 36th Terrace	04/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0394630	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Lauderdale Lakes, FL		28 Lauderdale Lakes, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33311 25 USA		29 33311 30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORNE, EARLENE S
8939 NW 44TH COURT
SUNRISE FL 33351

81	Name	Bettie J. Dale
82	Street Address (P.O. Box Number is Not Acceptable)	2315 NW 36th Terrace
83		
84	City	Lauderdale Lakes
85	Zip Code	FL 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 **Bettie J. Dale, Director**

9/8/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, EARLENE S	1.2 NAME	BOWE, PAM
STREET ADDRESS	8939 NW 44TH COURT	1.3 STREET ADDRESS	3059 No. Oakland Forest Drive #202
CITY-ST-ZIP	SUNRISE FL 33351	1.4 CITY-ST-ZIP	Oakland Park, FL 33309
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, CAROL	2.2 NAME	SHAW, SARAH
STREET ADDRESS	2431 SW 87 AVENUE	2.3 STREET ADDRESS	4510 NW 12th Court
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EVELYN	3.2 NAME	WEST, PATRICIA
STREET ADDRESS	121 NW 33RD TERR	3.3 STREET ADDRESS	4510 NW 25th Street
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BRENDA ALLEN	4.2 NAME	
STREET ADDRESS	3000 NW 24TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, GAIL	5.2 NAME	
STREET ADDRESS	3631 N.W. 7TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, BETTIE J	6.2 NAME	
STREET ADDRESS	2315 N.W. 36TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Bettie J. Dale

SIGNATURE REQUIRED

9/8/99

(954)485-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)