

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-22-2004 90002 027 ****70.00

DOCUMENT # N43059
 1. Entity Name
**NATIONAL COALITION OF 100 BLACK WOMEN, INC.
 BROWARD COUNTY CHAPTER**



Principal Place of Business Mailing Address
 2315 NW 36TH TERRACE 2315 NW 36TH TERRACE
 LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311
 US US

2. Principal Place of Business 3. Mailing Address
 5317 NW 66th Avenue 5317 NW 66th Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lauderhill, FL Lauderhill, FL
 Zip Country Zip Country
 33319 USA 33319 USA

4. FEI Number 65-0394630 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DALE, BETTIE J
 2315 NW 36TH TERRACE
 LAUDERDALE LAKES FL 33311

7. Name and Address of New Registered Agent
 Name **SAME (DALE, BETTIE J)**
 Street Address (P.O. Box Number is Not Acceptable)
 5317 NW 66th Avenue
 City **Lauderhill, FL** Zip Code **33319**

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.
 SIGNATURE *Bettie J. Dale* **Bettie J. Dale** 9/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HORNE, EARLENE S	
STREET ADDRESS	8939 NW 44TH COURT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTIN, LAURA BRYANT	
STREET ADDRESS	4299 NW 16TH ST., #301A	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, SARAH	
STREET ADDRESS	4510 NW 12TH COURT	
CITY-ST-ZIP	LAUDERHILL FL 33313	
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	WEST, PATRICIA	
STREET ADDRESS	4510 NW 25TH ST	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALE, BETTIE J	
STREET ADDRESS	2315 N.W. 36TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5317 NW 66th Avenue	
CITY-ST-ZIP	Lauderhill, FL 33319	

12. 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 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.

SIGNATURE: *Bettie J. Dale* **Bettie J. Dale** 9/15/04 954-357-5811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04086024



MOORE CR2E037 (11/03)