


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 2315 NW 36TH TERRACE LAUDERDALE LAKES FL 33311 US	Mailing Address 2315 NW 36TH TERRACE LAUDERDALE LAKES FL 33311 US
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2. Principal Place of Business 5317 NW 66th Avenue Suite, Apt. #, etc. -----	3. Mailing Address 5317 NW 66th Avenue Suite, Apt. #, etc. -----
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City & State Lauderhill, FL	City & State Lauderhill, FL
Zip 33319	Country USA

4. FEI Number 65-0394630	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <u>SAME (DALE, BETTIE J)</u> Street Address (P.O. Box Number is Not Acceptable) <u>5317 NW 66th Avenue</u> City <u>Lauderhill</u> FL Zip Code <u>33319</u>

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 <u>Bettie J. Dale</u> <u>Bettie J. Dale</u> <u>9/15/04</u> 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
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HORNE, EARLENE S 8939 NW 44TH COURT SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, LAURA BRYANT 4299 NW 16TH ST., #301A LAUDERHILL FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHAW, SARAH 4510 NW 12TH COURT LAUDERHILL FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, BRENDA ALLEN 3000 NW 24TH ST FT. LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WEST, PATRICIA 4510 NW 25TH ST LAUDERHILL FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DALE, BETTIE J 2315 N.W. 36TH TERRACE LAUDERDALE LAKES FL 33311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5317 NW 66th Avenue 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.
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SIGNATURE: <u>Bettie J. Dale</u> <u>Bettie J. Dale</u> <u>9/15/04</u> <u>954-357-5811</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
