

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90196 040 *****70.00

DOCUMENT # N43059

1. Entity Name

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**DALE, BETTIE J
2315 NW 36TH TERRACE
LAUDERDALE LAKES FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HORNE, EARLENE S**
STREET ADDRESS **8939 NW 44TH COURT**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, LAURA BRYANT**
STREET ADDRESS **4299 NW 16TH ST., #301A**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAW, SARAH**
STREET ADDRESS **4510 NW 12TH COURT**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WEST, PATRICIA**
STREET ADDRESS **4510 NW 25TH ST**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5/8/03 (954) 357-5811

CR2E037 (10/02)