

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
1995 FEB 15 PM 3:15

DOCUMENT # N93000004046 (9)
1. Corporation Name

NATIONAL COALITION OF 100 BLACK WOMEN, INC., PEN
SACOLA CHAPTER

Principal Place of Business

Mailing Address

3075 NORTH 10TH AVENUE
PENSACOLA FL 32503

PO BOX 782
PENSACOLA FL 32593

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3178169

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HIXON, MAMIE
3075 NORTH 10TH AVENUE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GRAVES, BARI
STREET ADDRESS	7250 LOCKHART STREET
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	P
NAME	HIXON, MAMIE W
STREET ADDRESS	3075 NORTH 10TH AVE
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	V
NAME	MCINTOSH, CAROL
STREET ADDRESS	5655 N. 9TH AVENUE #0108
CITY-ST-ZIP	PENSACOLA FL 32505
TITLE	D
NAME	ALLEN, CHERYLE
STREET ADDRESS	2103 NORTH 'H' STREET
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	D
NAME	JONES-PHILLIPS, GLORIA
STREET ADDRESS	6456 MEMPHIS AVENUE
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	D
NAME	MARSHALL, ELOIS
STREET ADDRESS	1878 E. NINE MILE RD., #1508
CITY-ST-ZIP	PENSACOLA FL 32514

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HIXON, MAMIE	
1.3 STREET ADDRESS	3075 NORTH 10TH AVENUE	
1.4 CITY-ST-ZIP	PENSACOLA FL 32503	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARRIS, CHRISTINE	
2.3 STREET ADDRESS	1601 WEST AVERY STREET	
2.4 CITY-ST-ZIP	PENSACOLA FL 32501	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLE, MAXINE	
3.3 STREET ADDRESS	2355 W. MICHIGAN AVE., #F-13	
3.4 CITY-ST-ZIP	PENSACOLA FL 32526	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCCORVEY, MODESTE	
4.3 STREET ADDRESS	1708 EAST SCOTT STREET	
4.4 CITY-ST-ZIP	PENSACOLA FL 32503	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JONES-PHILLIPS, GLORIA	
5.3 STREET ADDRESS	6456 MEMPHIS AVENUE	
5.4 CITY-ST-ZIP	PENSACOLA FL 32526	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BYRD, MINNIE	
6.3 STREET ADDRESS	1001 CHAVERS	
6.4 CITY-ST-ZIP	PENSACOLA FL 32534	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not guilty for the exemption stated in Section 119.07(3)(k), 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 my additions.

SIGNATURE: Mamie Hixon Mamie Hixon
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2/10/95 904/433-3324