

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004046 (9)**

1. Corporation Name

NATIONAL COALITION OF 100 BLACK WOMEN, INC., PENSACOLA CHAPTER



Principal Place of Business

Mailing Address

3075 NORTH 10TH AVENUE
PENSACOLA FL 32503

PO BOX 782
PENSACOLA FL 32593

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **P.O. Box 2446**

4. FEI Number
59-3178169

Applied For
Not Applicable

22 City & State

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip

Country

28 City & State

Pensacola, FL

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

24 Zip

Country

29 Zip

32513-2446

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HIXON, MAMIE
3075 NORTH 10TH AVENUE
PENSACOLA FL 32503**

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, BARI	1 2 NAME	Jacqueline Wesley
STREET ADDRESS	7250 LOCKHART STREET	1 3 STREET ADDRESS	48203 Birchwood Courts
CITY-ST-ZIP	PENSACOLA FL 32526	1 4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	V <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHRISTINE	2 2 NAME	
STREET ADDRESS	1601 W AVERY ST	2 3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2 4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, MAXINE	3 2 NAME	Tonie Anderson
STREET ADDRESS	2355 W MICHIGAN AVE F-13	3 3 STREET ADDRESS	432 Fairfax Drive
CITY-ST-ZIP	PENSACOLA FL	3 4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	D <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CHERYLE	4 2 NAME	D Minnie C. Byrd
STREET ADDRESS	2103 NORTH "H" STREET	4 3 STREET ADDRESS	1118 E. Fisher
CITY-ST-ZIP	PENSACOLA FL 32501	4 4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	D <input type="checkbox"/> DELETE	5 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES-PHILLIPS, GLORIA	5 2 NAME	D Jackie P. Holley
STREET ADDRESS	6456 MEMPHIS AVENUE	5 3 STREET ADDRESS	P.O. box 301
CITY-ST-ZIP	PENSACOLA FL 32526	5 4 CITY-ST-ZIP	Cantonment, FL 32533
TITLE	D <input type="checkbox"/> DELETE	6 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ELOIS	6 2 NAME	D Bessie Gaillard
STREET ADDRESS	1878 E. NINE MILE RD., #1506	6 3 STREET ADDRESS	3414 W. Scott St.
CITY-ST-ZIP	PENSACOLA FL 32514	6 4 CITY-ST-ZIP	Pensacola, FL 32505

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 an address.

SIGNATURE: Mamie Hixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 904/433-3324
DATE TELEPHONE #

CR2E037 (12/95)