


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 18 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004046 (9)
 1. Corporation Name
NATIONAL COALITION OF 100 BLACK WOMEN, INC., PEN SACOLA CHAPTER

Principal Place of Business 3075 NORTH 10TH AVENUE PENSACOLA FL 32503	Mailing Address PO BOX 782 PENSACOLA FL 32590
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21 2. Principal Place of Business Suite, Apt. #, etc.	22 2a. Mailing Address Suite, Apt. #, etc.	23 City & State Pensacola FL	24 Zip 32534-0255	25 Country USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1993	3a. Date of Last Report 02/08/1996
4. FEI Number 59-3178169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fee:
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HIXON, MAMIE 3075 NORTH 10TH AVENUE PENSACOLA FL 32503	81 Name Elois Marshall	82 Street Address (P.O. Box Number is Not Acceptable) 2616 N. "L" Street	83	84 City Pensacola	85 Zip Code FL 32501
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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: *Elois Marshall* DATE: **9/11/97**

12. OFFICERS AND DIRECTORS	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME WESLEY, JACQUELINE	
STREET ADDRESS 48203 BIRCHWOOD COURTS	
CITY-ST-ZIP PENSACOLA FL 32503	
TITLE V	<input type="checkbox"/> DELETE
NAME HARRIS, CHRISTINE	
STREET ADDRESS 1601 W AVERY ST	
CITY-ST-ZIP PENSACOLA FL 32305	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME ANDERSON, TONIE	
STREET ADDRESS 432 FAIRFAX DRIVE	
CITY-ST-ZIP PENSACOLA FL 32305	
TITLE D	<input type="checkbox"/> DELETE
NAME BYRD, MINNIE C	
STREET ADDRESS 1118 E. FISHER	
CITY-ST-ZIP PENSACOLA FL 32533	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HOLLEY, JACKIE P	
STREET ADDRESS P.O. BOX 301	
CITY-ST-ZIP CANTONMENT FL 32533	
TITLE D	<input type="checkbox"/> DELETE
NAME GUILLARD, BESSIE	
STREET ADDRESS 3414 W. SCOTT ST	
CITY-ST-ZIP PENSACOLA FL 32505	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Lee, Betty	
1.3 STREET ADDRESS 803 Dorothy	
1.4 CITY-ST-ZIP Pensacola, FL 32503	
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME McCorvey, Margie	
2.3 STREET ADDRESS 201 W. Scott Street	
2.4 CITY-ST-ZIP Pensacola, FL 32503	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Martin, Sharon E.	
3.3 STREET ADDRESS 2705 N. "M" Street	
3.4 CITY-ST-ZIP Pensacola, FL 32501	
4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Brown, Pamela M	
4.3 STREET ADDRESS 10376 McArthur Lane	
4.4 CITY-ST-ZIP Pensacola, FL 32534	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Elois Marshall* SIGNATURE REQUIRED: *Elois Marshall* DATE: **9-11-97** **444-5897**

CR2E037 (4/97)