

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

98 NOV 12 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0013460

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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 P.O. BOX 10255  
 PENSACOLA FL 32503 PENSACOLA FL 32534-0255  
 US

3. Date Incorporated or Qualified  
09/01/1993

4. FEI Number  
59-3178169

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
 MARSHALL, ELOIS  
 2616 N "L" STREET  
 PENSACOLA FL 32501

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	✓	DELETE
NAME	LEE, BETTY	
STREET ADDRESS	803 DOROTHY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	✓	DELETE
NAME	HARRIS, CHRISTINE	
STREET ADDRESS	1601 W AVERY ST	
CITY-ST-ZIP	PENSACOLA FL 32305	
TITLE	D	DELETE
NAME	MARTIN, SHARON E	
STREET ADDRESS	2705 N. "M" STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	DELETE
NAME	BYRD, MINNIE C	
STREET ADDRESS	1118 E. FISHER	
CITY-ST-ZIP	PENSACOLA FL 32533	
TITLE	✓	DELETE
NAME	BROWN, PAMELA M	
STREET ADDRESS	10276 MCARTHUR LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	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	D	Change	Addition
1.2 NAME	Lee Betty		
1.3 STREET ADDRESS	803 Dorothy		
1.4 CITY-ST-ZIP	Pensacola, FL. 32503		
2.1 TITLE	D	Change	Addition
2.2 NAME	Harris Christine		
2.3 STREET ADDRESS	1601 W. Avery Street		
2.4 CITY-ST-ZIP	Pensacola, FL. 32305		
3.1 TITLE	D	Change	Addition
3.2 NAME	Lewis, CA Honia		
3.3 STREET ADDRESS	695 Broad Street		
3.4 CITY-ST-ZIP	Pensacola, FL. 32534-4202		
4.1 TITLE		Change	Addition
4.2 NAME	800002689928-8		
4.3 STREET ADDRESS	-11/18/98-01002-002		
4.4 CITY-ST-ZIP	*****61.25 *****61.25		
5.1 TITLE	D	Change	Addition
5.2 NAME	Brown, Pamela M		
5.3 STREET ADDRESS	10376 McArthur Lane		
5.4 CITY-ST-ZIP	Pensacola, Florida		
6.1 TITLE	D	Change	Addition
6.2 NAME	Marshall, Elois		
6.3 STREET ADDRESS	2616 N. "L" Street		
6.4 CITY-ST-ZIP	Pensacola, FL 32501		

14. 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 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* 9/24/98 435-1346  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Elois Marshall* 10-14-98

CR2E037 (5/98)