


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90207 019 \*\*\*\*61.25

**DOCUMENT # N93000004046**

1. Entity Name  
**NATIONAL COALITION OF 100 BLACK WOMEN, INC.,  
 PENSACOLA CHAPTER**



Principal Place of Business      Mailing Address  
**1845 SAN DOLLAR CIR.  
 PENSACOLA FL 32504**      **P.O. BOX 17331  
 PENSACOLA FL 32522-7331  
 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number **59-3178169**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**ALI, SADIQA**  
**1845 SAN DOLLAR CIR.**  
**PENSACOLA FL 32504**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BOOKER, HELEN	
STREET ADDRESS	1869 E. BOBE ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, NERVISTA	
STREET ADDRESS	802 W. PINESTEAD ROAD	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PAMELA	
STREET ADDRESS	10376 MCARTHUR LANE	
CITY-ST-ZIP	PENSACOLA FL 32534	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCARTY, FRANCES	
STREET ADDRESS	6924 KELVIN TERRACE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORVEY, MODEST	
STREET ADDRESS	1708 E. SCOTT ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	P	<input type="checkbox"/> Delete
NAME	SADIQA, ALI	
STREET ADDRESS	1845 SAN DOLLAR CIR.	
CITY-ST-ZIP	PENSACOLA FL 32504	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lola Presley*      Treasurer      5-10-2004      892-316-6005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #