

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90135 027 \*\*\*\*61.25

**DOCUMENT # N93000004046**  
 1. Entity Name  
**NATIONAL COALITION OF 100 BLACK WOMEN, INC., PENSACOLA CHAPTER**



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



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

1st MOORE CR2E037 (10/04)

City & State

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

Zip: Country

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: DEBRA CAMPBELL STREET ADDRESS: 4640 NORTHPOINTE CIRCLE CITY-ST-ZIP: PENSACOLA, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: LOLA PRESLEY STREET ADDRESS: 1010 NORTH M STREET CITY-ST-ZIP: PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: EMMA J. DEES STREET ADDRESS: 6793 GULLEY LANE CITY-ST-ZIP: PENSACOLA, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: LORENE JACKSON STREET ADDRESS: 6669 TOULOUSE DRIVE CITY-ST-ZIP: PENSACOLA, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: BESSIE H. GAILLARD STREET ADDRESS: 3414 WEST SCOTT STREET CITY-ST-ZIP: PENSACOLA, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sadiqa J. Ali*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/05 (950) 484-2502  
 Date: \_\_\_\_\_ Signature Phone #: \_\_\_\_\_