


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004046 1. Entity Name NATIONAL COALITION OF 100 BLACK WOMEN, INC., PENSACOLA CHAPTER	
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Principal Place of Business 1845 SAN DOLLAR CIR. PENSACOLA, FL 32504	Mailing Address P.O. BOX 17331 PENSACOLA, FL 32522-7331 US
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04222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

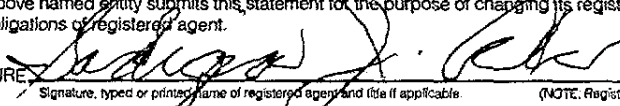
4. FEI Number 59-3178169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALI, SADIQA
 1845 SAN DOLLAR CIR.
 PENSACOLA, FL 32504

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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)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DEBRA 4640 NORTHPOINTE CIRCLE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESLEY, LOLA 1010 NORTH M STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, EMMS J 6793 GULLEY LANE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LORENE 6669 TOULOUSE DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORVEY, MODEST 3414 WEST SCOTT ST PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADIQA, ALI 1845 SAN DOLLAR CIR. PENSACOLA, FL 32504

U00000533146
 05/06/06-80114-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR