


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90048 021 ****61.25

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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**

40103274



2. Principal Place of Business - No P.O. Box #
10376 McArthur Lane

3. Mailing Address
 Suite, Apt. #, etc.

04302007 Chg-NP CR2E037 (12/06)

City & State
Pensacola FL

City & State

Zip
32534

Country
US

4. FEI Number
59-3178169

Applied For
 Not Applicable

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
Pamela Brown

Street Address (P.O. Box Number is Not Acceptable)
10376 McArthur Lane

City
Pensacola

State
FL

Zip Code
32534

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 *Pamela M. Brown* DATE 4/30/07

**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, 2007

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	CAMPBELL, DEBRA	
STREET ADDRESS	4640 NORTHPOINTE CIRCLE	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRESLEY, LOLA	
STREET ADDRESS	1010 NORTH M STREET	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEES, EMMS J	
STREET ADDRESS	6793 GULLEY LANE	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, LORENE	
STREET ADDRESS	6669 TOULOUSE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORVEY, MODEST	
STREET ADDRESS	3414 WEST SCOTT ST	
CITY-ST-ZIP	PENSACOLA, FL 32505	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Brown	
STREET ADDRESS	10376 McArthur Lane	
CITY-ST-ZIP	Pensacola, FL 32534	
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 checked="" 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 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: *Pamela M. Brown* **Pamela M. Brown** DATE 4/30/07 DAYTIME PHONE # 850 529-5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR