

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90008 038 ****61.25

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

Principal Place of Business
**10376 MCARTHUR LANE
PENSACOLA FL 32534**

Mailing Address
**P.O. BOX 17331
PENSACOLA FL 32522-7331
US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #. etc.

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

City & State

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

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**BROWN, PAMELA
10376 MCARTHUR LANE
PENSACOLA FL 32534**

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, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DEBRA 4640 NORTHPOINTE CIRCLE PENSACOLA FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAMIE W. HIXON 3075 N.10TH AVE. PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, PAMELA 10376 MCARTHUR LANE PENSACOLA FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAMELA BROWN 10375 MCARTHUR LANE PENSACOLA, FL 32534 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, EMMS J 6793 GULLEY LANE PENSACOLA FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMMA J. DEES 6793-GULLEY-LANE PENSACOLA, FL 32505 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LORENE 6669 TOULOOSE DRIVE PENSACOLA FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOLA PRESLEY 1010 NORTH M ST. PENSACOLA, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORVEY, MODEST 3414 WEST SCOTT ST PENSACOLA FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THELMA MCCLLOUD 3886 POTOSI ROAD PENSACOLA, FL 32504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SADIQA, ALI 1845 SAN DOLLAR CIR. PENSACOLA FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCES M. BLAIR 6924 KELVIN TERRACE PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE: LOLA PRESLEY *Lola Presley* **3/12/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date