

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**BROWN, PAMELA
10376 MCARTHUR LANE
PENSACOLA FL 32534**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **D** ☒ Delete
NAME **CAMPBELL, DEBRA**
STREET ADDRESS **4640 NORTHPOINTE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **P** ☐ Delete
NAME **BROWN, PAMELA**
STREET ADDRESS **10376 MCARTHUR LANE**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **D** ☐ Delete
NAME **DEES, EMMS J**
STREET ADDRESS **6793 GULLEY LANE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ Delete
NAME **JACKSON, LORENE**
STREET ADDRESS **6669 TOULOUSE DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ Delete
NAME **MCCORVEY, MODEST**
STREET ADDRESS **3414 WEST SCOTT ST**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **D** ☒ 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 ☐ Change ☒ Addition
NAME **MAMIE W. HIXON**
STREET ADDRESS **3075 N.10TH AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☒ Addition
NAME **PAMELA BROWN**
STREET ADDRESS **10375 MCARTHUR LANE**
CITY-ST-ZIP **PENSACOLA, FL 32534**

TITLE ☐ Change ☒ Addition
NAME **EMMA J. DEES**
STREET ADDRESS **6793-GULLEY-LANE**
CITY-ST-ZIP **PENSACOLA, FL 32505**

TITLE ☐ Change ☒ Addition
NAME **LOLA PRESLEY**
STREET ADDRESS **1010 NORTH M ST.**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE ☐ Change ☒ Addition
NAME **THELMA MCCLLOUD**
STREET ADDRESS **3886 POTOSI ROAD**
CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ Change ☒ Addition
NAME **FRANCES M. BLAIR**
STREET ADDRESS **6924 KELVIN TERRACE**
CITY-ST-ZIP **PENSACOLA, FL 32503**

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

County Expense