Aprilied For

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400001981

1. Corporation Name

THE GREATER MIAMI COALITION OF 100 BLACK WOMEN C OMMUNITY SERVICES, INC.

Principal Place of Business 5630 N.W. 178 STREET MIAMI FL 3:X055

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

P.O. BOX 174027 HIALEAH FL 33017

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90169 017 \*\*\*\*61.25

\* 4 17386 - 90169 - 17 6 \*



3. Date Incorporated or Qualifed

04/18/1994

FEI Number

22		27				00 042 170	<del>/</del>		I INO	Applicable
City & Stat	e	City & State				5. Certifcate of	Status Desired		\$8.75 A	
23	28					<u> </u>				
Zip	Country	Zip	Coun	itry		6. Election Campaign Financing			\$5.00 May Be	
24	25	29	30			Trust Fund C		Added to	Fees	
	9. Name and Address of Current F	Registered Agent				10. Name and A	ddress of New	Registered /	Agent	
				<b>81</b> N	ame					
MARTIN, VIRGINIA E				82 S	treet Arldr	ess (P.O. Bo) Numb	per is Not Accept	able)		
5630 N.W. 178 STREET				<b>-</b>   ~	ti oot i kidi	000 (1 70, 007 110		,		
MIAMI FL				83						
HINZMI I F	33030							<del></del>		
				84 C	ity			FL	85 Zip C	oue
11 Durausint	to the provisions of Sections 617.0502 a	and 617 1508 Florida Sta	tutes the ab	ove-na	med come	oration submits this	statement for the	purpose of	changing its i	egistered
office or r	egistered agent or both, in the State of	Florida. Such change was	s autnorized	by the	corporatio	n's board of directo	rs. I hereby acce	pt the appoir	itment as reg	istered
agent. I a	m familiar with, and accept the obligat o	ns of, Section 617.0503	r orida, Statu	tes.		$M_{h}$ and $\cdot$		d	199/00	
SIGNATURE	016.16		Ingin	HA	<u> </u>	ענדער		DATE	12444	<del></del>
42	Signature, types or printed name of registered agent a		13.	Agent sig	nature red lired	ADDITIONS/C	HANGES TO OF		D DIRECTOR	S IN 12
12.	OFFICERS AND	DELETE	1,1 TITU	F	P				Change	Addition
TME	' =							0		
NAME	MARTIN, VIRGINIA E		1,2 NA			(ربدا+تكالأس		ĄF		
STREET ADDRESS	5630 N.W. 178 STREET		1.3 STF	REET ADO	DRESS 5	5630 N	MIJA E	<u> </u>		
CITY-ST-ZIP	MIAMI FL 33055		1.4 CIT	Y-ST-ZIF	· — —	MIAMI			<u></u>	
TITLE	VD	DELETE	2.1 TIT	LE	שעו	RADINSO	N, Car	oly M	Change	☐ Addition
NAME	BELL, ROBBIE	•	2.2 NA	ME		6031 NV	V 201 NO	inic		
STREET ADDRESS	3301 N.E. 5TH AVENUE, #410		2.3 STF	REET ADO	DRESS					
CITY-ST-ZIP	MIAMI FL 33137		2. 4 CIT	Y-ST-ZI	Р	MIAMI	, FL 33	015		
TITLE	VD	DELETE	3.1 T/T	LE	V	Dhinda	Burke		Change	☐ Addition
NAME	ANDERSON, BEVERLY		3.2 NA	ME:	"	3830 A	NW 19	45f.		
STREET ADORESS	2770 N.W. 152ND TERRACE		3.3 STF	REETADI	ORESS	10.00	21, FG	3305	5	
CITY-ST-ZIP	OPA-LOCKA FL 33054			Y-ST-ZI		_				
TITLE	VD	☐ DELETE	4.1 TITI		- VI	Hansin	Afral	3	Change	☐ Addition
NAME	HAMIN, AFRAH		4. 2 NA		'	Hamin 19316	'Idich	ract n	ER	
STREET ADDRESS	AGO N.E. AAA OTDEET AD			REET ADI	DRESS	142140	17130	۰۱ استات	<i>D</i>	
	MIAMI FL 33186			Y-ST-ZIF		Hiam:	FL 33	3168		
CITY-ST-ZIP	SD SD	☐ DELETE	4.4 CIT			(Q = :	H Pave	CL C	Change	Addition
TITLE			5.1 IN		S	D 15 LOW	H, RRNG	אישמנון כיי		_
NAME	ROBINSON, CAROLYN			VIC REET ADI	DESS.	20120	Highler	nd ha	بلزوج	
STREET ADDRESS	6031 N.W. 201 LANE				,	Min a	0. E/	3317	Ü .	
CITY-ST-ZIP	MIAMI FL 33015	□ 05: 575	5.4 CIT 6.1 TITI	Y-ST-ZIF	·	1711/7/17	11 / 10	<u> </u>	Change	Addition
TITLE	SD	☐ DELETE			12,0	Mipn Harris 10640 M	ON,EI	Velyin	⊡1.cuange	☐ Addidon
NAME	BROWN, ERNESTINE R		6.2 NAJ			10640 M	VvV'aa	vć		
STREET ADDRE'SS	20120 HIGHLAND LAKES BLVD.		6.3 STF	REET ADI	ORESS	1100		3150	7	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179			Y-ST-ZIF		MIHM	, FL3	0/0	7	
14. I hereby	certify that the information supplied wit 1	this filing does not qualify	for the exen	nption	stated in S	Section 119.07(3)(i),	Florida Statutes.	. I further cert	tify that the in	formation

indicated on this annual report or supplemental annual 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 of the receiper or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address, with all other like empowered.

SIGNATURE: