

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001981

FILED
Jan 17, 2009
Secretary of State

Entity Name: NATIONAL COALITION OF 100 BLACK WOMEN, INC., GREATER MIAMI CHAPTER

Current Principal Place of Business:

10280 SW 156TH STREET
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 174027
HIALEAH, FL 33017 US

New Mailing Address:

FEI Number: 65-0421738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARAMORE, MICHELE
10280 SW 156TH STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARAMORE, MICHELE
Address: 10280 SW 156TH STREET
City-St-Zip: MIAMI, FL 33157 US

Title: VP () Delete
Name: SANDS, TERESA
Address: 3442 NW 176TH TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: VP () Delete
Name: WATTS, SHERYL
Address: 2915 NW 115TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T () Delete
Name: KINCY, TOYYA
Address: 15714 NW 7TH AVE, APT. D
City-St-Zip: MIAMI, FL 33169 US

Title: SEC () Delete
Name: BHARATH, JAIME
Address: 3442 NW 176 TERRACE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: ASST () Delete
Name: GIBSON, JAMILA
Address: 6221 SW 63RD COURT
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE PARAMORE

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date