

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005764 (5)**

1. Corporation Name

**NATIONAL COALITION OF 100 BLACK WOMEN, CENTRAL FLORIDA CHAPTER, INC.**



Principal Place of Business

Mailing Address

~~1004 COVINGTON ST~~  
~~OVIEDO FL 32765~~

~~P.O. BOX 681708~~  
~~ORLANDO FL 32868-1766~~

3. Date Incorporated or Qualified  
**11/17/1994**

3a. Date of Last Report  
**02/14/1996**

21. Principal Place of Business <b>148 SAUSALITO BLVD</b>	26. Mailing Address <b>148 SAUSALITO BLVD.</b>
22. Suite, Apt. #, etc. <b>128</b>	27. Suite, Apt. #, etc. <b>SUITE 128</b>
23. City & State <b>CASSELBERRY</b>	28. City & State <b>CASSELBERRY, FL</b>
24. Country <b>USA</b>	29. Zip <b>32707</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

4. FEI Number  
**59-3278085**

Applied For  
Not Applicable

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

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BINN, MARILYN~~  
~~1004 COVINGTON ST~~  
~~OVIEDO FL 32765~~

81. Name <b>KATHERINE CHATMAN</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1177-C PASEO DEL MAR</b>
83. City <b>CASSELBERRY,</b>
84. City <b>FL</b>
85. Zip Code <b>32707</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Katherine Chatman* **KATHERINE CHATMAN**

**2/5/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BINN, MARILYN</b>	
STREET ADDRESS <b>1094 COVINGTON ST</b>	
CITY-ST-ZIP <b>OVIEDO FL</b>	
TITLE <b>DP 1st Vice President</b>	<input type="checkbox"/> DELETE
NAME <b>LITTLE, DIANE</b>	
STREET ADDRESS <b>1088 PROVIDENCE LANE</b>	
CITY-ST-ZIP <b>OVIEDO FL 32885</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JAMES, EMMA BETTY</b>	
STREET ADDRESS <b>7103 MINIPPI DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32818</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE <b>DP PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>KATHERINE CHATMAN</b>	
1.3 STREET ADDRESS <b>1177-C PASEO DEL MAR</b>	
1.4 CITY-ST-ZIP <b>CASSELBERRY, FL 32707</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>DP BOARD CHAIRMAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>CAROLYN AUSTIN</b>	
3.3 STREET ADDRESS <b>4446 HARLIE ST.</b>	
3.4 CITY-ST-ZIP <b>ORLANDO, FL 32819</b>	
4.1 TITLE <b>DP LEGAL ADVISOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>CECYLENE WILLIAMS</b>	
4.3 STREET ADDRESS <b>1012 GINGER SPICE LN</b>	
4.4 CITY-ST-ZIP <b>OVIEDO, FL 32761</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 or the receiver 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 on an attachment with an address.

*Katherine Chatman* **KATHERINE CHATMAN** **2/5/97** **(407)**

CR2E037 (9/96)