

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005764 (5)**

1. Corporation Name

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



Principal Place of Business 148 SAYSALITO BLVD 128 CASSELBERRY FL 32797 US		Mailing Address 148 SAYSALITO BLVD SUITE 128 CASSELBERRY FL 32707 US A		3. Date Incorporated or Qualified 11/17/1994	
2. Principal Place of Business 21 148 SAYSALITO BLVD		2a. Mailing Address 26		4. FEI Number 59-3278085	
Suite, Apt. #, etc. 22 SUITE 128		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 CASSELBERRY, FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32707		Country 25 USA		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 26		Zip 29		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHATMAN, KATHERINE
1177 C PASEO DEL MAR
CASSELBERRY FL 32707**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CHATMAN, KATHERINE 1177 C PASEO DEL MAR CASSELBERRY FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Shiela Brooks 629 Sabal Palm Cr. Alt. Sprgs FL 32701
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD LITTLE, DIANE 1068 PROVIDENCE LANE OVIEDO FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Beverly J. Williams 1833 S. Kirkman Rd. Orlando, FL 32811
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DC AUSTIN, CAROLYN 1776 HARLIE ST ORLANDO FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sp Deborah Hill 12239 Bronson Way, Orlando, FL 32824
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WILLIAMS, CELESTYNE 1012 GINGER SPICE LN OCFEE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Xat Chatman*

2/19/98

CR2E037 (10/97)