

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006719

1. Corporation Name

NATIONAL COALITION OF 100 BLACK WOMEN, INC. JAC
KSONVILLE CHAPTER

Principal Place of Business

8483 NEW KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address

P.O. BOX 2524
JACKSONVILLE FL 32203

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

900 University Blvd., N.

Suite, Apt. #, etc.

Suite 200

City & State

Jacksonville, Florida

Zip

32211

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1997

5. FEI Number

59-3475828

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PD	JAMES, VERONICA S	8483 NEW KINGS ROAD	JACKSONVILLE FL 32219
VD	HOPKINS, GLENDA B	11435 YELLOW TAIL COURT	JACKSONVILLE FL 32218
VD	BROWN, JACQUELYNE	8483 NEW KINGS ROAD	JACKSONVILLE FL 32219
TD	SPANN, DARLENE	154 WEST SIXTH ST.	JACKSONVILLE FL 32206

8. Name and Address of Current Registered Agent

JAMES, VERONICA S
8483 NEW KINGS ROAD
JACKSONVILLE FL 32219

9. Name and Address of New Registered Agent

Name

Helen D. Jackson

Street Address (P.O. Box Number is Not Acceptable)

8008 Whisper Lake Lane East

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Helen D. Jackson
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-1-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Helen D. Jackson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-00

Date

Daytime Phone #