. 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700006719

1. Entity Name

Principal Place of Business

NATIONAL COALITION OF 100 BLACK WOMEN, INC. JACK SONVILLE CHAPTER

SOO UNIVERSITY BLVD. N. 154 W 64 57 SUITE 200

Mailing Address

P.O. BOX 2524

JACKSONVILLE FL 32203

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-
City & State	City & State	

FILED Sep 02, 2002 8:00 am Secretary of State

03-29-2002 91411 033 ****61.25

JACKSONVILL	E FL 32211	6		 	1 (111)(11)() 12 () 10 () 11 ()	11 18 14 1 8 1311 # 888 1 13	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			OO NOT WRITE IN TH	IIS SPACE	
City & Stat	е	City & State		4. FEI Number 59	-3475828	_ 	pplied For
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired 🔲	\$8.75 Add	litional
	6. Name and Address of Current I	Realstered Agent		7. Name and Addre	ess of New Register		
4.0//201	ry # 1	V 970000067	Name Street Addre	ss (P.O. Box Number is No			
8008 WH	I, HELEN D SPER LAKE LANE EAST		Out of 17 (during	00 (F.O. BOX 10 110 1			
PUNIE VI	EDRA BEACH FL 32082		City		F	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regi	stered agent, or both, in th	e State of Florida. Ta	am familiar with,	and accept
SIGNATURE	Helen D. Jo	rekson					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DA	E	
	After September 13, 2002, min. will be \$236.25.	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		eck Payable nent of State	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD -	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	JACKSON, HELEN D		NAME				
STREET ADDRESS	8008 WHISPER LAKE LANE EAST	•	STREET ADDRESS				
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP				
TITLE	1VD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	MINNIFIELD, GERALD	LL BOOK	NAME			опалуо	
STREET ADDRESS	5227 SIDE SADDLE DRIVE		STREET ADDRESS				
CITY-\$T-ZIP	JACKSONVILLE FL 32257		CITY-ST-ZIP				
TITLE	2V	□ Delete	TITLE -	-		☐ Change	Addition
NAME	PETERSON, FLORA	Dolott	NAME			Shange	
STREET ADDRESS	8130 VILLAGE GATE COURT	i	STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32217		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Change	Addition
NAME	WILEY, D J	□ Delete	NAME			Ondargo	
STREET ADDRESS	2550 SANDELWOOD CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP				
TITLE .	C. C. STORE I FROM I I WOOD	☐ Delete	TITLE	•		☐ Change	Addition
NAME		☐ Detete	NAME			□ Gliange	. — radicion
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-ZIP

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DOČI 1. Entity No	UMENT # N97000	006719				271	رار
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2. Principa	al Place of Business	3. Mailing Address					
·	pt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE	
City & St	tate	City & State		4. FEI Number	9-3475828		opplied For
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Ac	lot Applicable Iditional ed
	6. Name and Address of Current	t Registered Agent			ress of New Registers		
J	ruf # N9-700	00006719	Name,		,		
	N, HELEN D		Street Add	ress (P.O. Box Number is	Not Acceptable)		
	HISPER LAKE LANE EAST	ي شعب الأستان	~	· · · · · · · · · · · · · · · · · · ·			
PUNIE V	/EDRA BEACH FL 32082		City	,		Zip Cod	ie
					_	<u> </u>	
8. The abov	re named entity submits this statement for	or the purpose of changing its	registered office or re	gistered agent, or both, in	the state of Florida.		
8. The abov	TK D. D.	Achion	registered office or re . E. Registered Agent algoeture		3-/2-07	L	 .
SIGNATURE	76ele D.	argon I applicable. (NOTE	E: Registered Agent algorithms Apaign Financing		3-/2-07	ck Payable	
SIGNATURE	Signature description of printed name of registered agents FILE NOW: FEE IS \$61.25 OFFICERS AND DIS	9. Election Carr Trust Fund C	Pegistered Agent signeture apaign Financing contribution.	\$5.00 May Be Added to Fees	3-/2-07	ck Payable	9 } 10 ²¹⁻¹⁵ v:
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Attachment #N97000 006719



