


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000006719 1. Entity Name NATIONAL COALITION OF 100 BLACK WOMEN, INC. JACKSONVILLE CHAPTER						FILED 04 NOV -9 PM 3:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 154 W 6TH ST JACKSONVILLE, FL 32206				Mailing Address P.O. BOX 2524 JACKSONVILLE, FL 32203			
2. Principal Place of Business 101 Union Street				3. Mailing Address Suite, Apt. #, etc.			
City & State Jacksonville, Florida				City & State Jacksonville, Florida			
Zip 32202		Country USA		Zip Jacksonville		Country FL	
4. FEI Number 59-3475828				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, HELEN D 8008 WHISPER LAKE LANE EAST PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent Name: Gerald Minnifield Street Address (P.O. Box Number is Not Acceptable): 5227 Side Saddle Drive City: Jacksonville FL Zip Code: 32257			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <u>Gerald Minnifield</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>Gerald D. Minnifield</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
DATE: <u>11/4/04</u>				DATE:			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, HELEN D 8008 WHISPER LAKE LANE EAST PONTE VEDRA BEACH, FL 32082	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerald Minnifield 5227 Side Saddle Drive Jacksonville, Florida 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JOHNSON, DEANDROUS A 2579 WOOLEY DRIVE JACKSONVILLE, FL 32211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042611619 11/09/04-01090-013 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V PETERSON, FLORA 8130 VILLAGE GATE COURT JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V Juanita Simmons 6606 Manhattan Drive Jacksonville, Florida 32219	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILEY, D J 2550 SANDELWOOD CIRCLE ORANGE PARK, FL 32065	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maliza McMillan 7701 Brandon Court Jacksonville, Florida 32219	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>11/1/04</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.							
SIGNATURE: <u>Gerald Minnifield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>Gerald D. Minnifield</u> <small>Date</small>			
DATE: <u>11/4/04</u>				Daytime Phone #			