

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90134 038 ****61.25

DOCUMENT # N97000006719

1. Entity Name
**NATIONAL COALITION OF 100 BLACK WOMEN, INC.
JACKSONVILLE CHAPTER**



Principal Place of Business
**101 UNION STREET
JACKSONVILLE, FL 32202**

Mailing Address
**P.O. BOX 2524
JACKSONVILLE, FL 32203**

14016063



04152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3475828

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MINNIFIELD, GERALD
5227 SIDE SADDLE DRIVE
JACKSONVILLE, FL 32257**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P.
MINNIFIELD, GERALD
5227 SIDE SADDLE DRIVE
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1VP
JOHNSON, DEANDROUS A
2579 WOOLEY DRIVE
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**2V
SIMMONS, JUANITA
6606 MANHATTAN DRIVE
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
MCMILLAN, MALIZA
7701 BRANDON COURT
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #