

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
|--|--------------------------|--|--|------|----------------------|--|----------------|------------------------|--|-------------|------------------------|--|--|-------|--------------------|--|------|-----------------|--|----------------|--------------------------|--|-------------|------------------------|--|
| <b>DOCUMENT # N97000006719</b><br>1. Entity Name<br><b>NATIONAL COALITION OF 100 BLACK WOMEN, INC.<br/>JACKSONVILLE CHAPTER</b>  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| Principal Place of Business<br><b>101 UNION STREET<br/>JACKSONVILLE, FL 32202</b>  |                          | Mailing Address<br><b>P.O. BOX 2524<br/>JACKSONVILLE, FL 32203</b>   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 2. Principal Place of Business<br><b>2938 Leonid Rd</b><br>Suite, Apt. #, etc.   |                          | 3. Mailing Address<br><b>2938 Leonid Rd</b><br>Suite, Apt. #, etc.   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| City & State<br><b>Jacksonville, Fla</b><br>Zip<br><b>32218</b> Country<br><b>USA</b>  |                          | City & State<br><b>Jacksonville, Fla</b><br>Zip<br><b>32218</b> Country  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 4. FEI Number<br><b>59-3475828</b>   |                          | Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          | <b>\$8.75 Additional Fee Required</b>  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MINNIFIELD, GERALD<br/>5227 SIDE SADDLE DRIVE<br/>JACKSONVILLE, FL 32257</b>   |                          | 7. Name and Address of New Registered Agent<br>Name<br><b>Minneapolis, Gerald</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2819 Harvest Moon Dr</b><br>City<br><b>Orange Park</b> FL Zip Code<br><b>32073</b> |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 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.<br><br>SIGNATURE: <u>Gerald Minnifield</u> <b>Gerald Minnifield, President</b> <span style="float: right;">10/30/2006</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2007, Fee will be \$297.50</b>   |                          | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                          | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">P</td> <td style="width:30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MINNIFIELD, GERALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5227 SIDE SADDLE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32257</td> <td></td> </tr> </table>  | TITLE                    | P  | <input type="checkbox"/> Delete            | NAME | MINNIFIELD, GERALD   |  | STREET ADDRESS | 5227 SIDE SADDLE DRIVE |  | CITY-ST-ZIP | JACKSONVILLE, FL 32257 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">President</td> <td style="width:30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2819 Harvest Moon Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orange Park FL 32073</td> <td></td> </tr> </table>                       | TITLE | President          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |                 |  | STREET ADDRESS | 2819 Harvest Moon Dr     |  | CITY-ST-ZIP | Orange Park FL 32073   |  |
| TITLE  | P                        | <input type="checkbox"/> Delete  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | MINNIFIELD, GERALD       |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 5227 SIDE SADDLE DRIVE   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32257   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| TITLE  | President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 2819 Harvest Moon Dr     |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | Orange Park FL 32073     |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
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| TITLE  | 1VP                      | <input checked="" type="checkbox"/> Delete   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | JOHNSON, DEANDROUS A     |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 2579 WOOLEY DRIVE        |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32211   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| TITLE  | 1st Vice President       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | Jocelyn Turner           |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 11887 Poydras Lane 32218 |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">2V</td> <td style="width:30%;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMMONS, JUANITA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6606 MANHATTAN DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32219</td> <td></td> </tr> </table>  | TITLE                    | 2V   | <input checked="" type="checkbox"/> Delete | NAME | SIMMONS, JUANITA     |  | STREET ADDRESS | 6606 MANHATTAN DRIVE   |  | CITY-ST-ZIP | JACKSONVILLE, FL 32219 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">2nd Vice President</td> <td style="width:30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Hattie Matthews</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2028 N. Laura St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32206</td> <td></td> </tr> </table> | TITLE | 2nd Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Hattie Matthews |  | STREET ADDRESS | 2028 N. Laura St         |  | CITY-ST-ZIP | Jacksonville, FL 32206 |  |
| TITLE  | 2V                       | <input checked="" type="checkbox"/> Delete   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | SIMMONS, JUANITA         |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 6606 MANHATTAN DRIVE     |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32219   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| TITLE  | 2nd Vice President       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | Hattie Matthews          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 2028 N. Laura St         |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | Jacksonville, FL 32206   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
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| TITLE  | T                        | <input checked="" type="checkbox"/> Delete   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | MCMILLAN, MALIZA         |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | 7701 BRANDON COURT       |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32219   |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| TITLE  | Treasurer                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| NAME   | Karen B. Swain           |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   | P.O. Box 28070           |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  | JAX - FLA 32226          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
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| STREET ADDRESS   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
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| NAME   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| STREET ADDRESS   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
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| STREET ADDRESS   |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| CITY-ST-ZIP  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |
| <b>SIGNATURE: <u>Gerald Minnifield</u> <b>Gerald Minnifield, President</b> <span style="float: right;">10/30/06 904.534.9884</span></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                          |  |  |      |                      |  |                |                        |  |             |                        |  |  |       |                    |  |      |                 |  |                |                          |  |             |                        |  |

FILED  
06 DEC 12 PM 2:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



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