

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008 8:00 am
Secretary of State

09-10-2008 90002 001 ****61.25

DOCUMENT # N97000006719					
1. Entity Name NATIONAL COALITION OF 100 BLACK WOMEN, INC. JACKSONVILLE CHAPTER					
Principal Place of Business 2938 LEONID RD JACKSONVILLE, FL 32218			Mailing Address 2938 LEONID RD JACKSONVILLE, FL 32218		
2. Principal Place of Business - No P.O. Box # 2028 Laura St Suite, Apt. #, etc. Jacksonville, FL		3. Mailing Address 2028 Laura St. Suite, Apt. #, etc.			
City & State 32206 Jacksonville, FL		City & State Jacksonville, FL		09042008 Chg-NP CR2E037 (12/06)	
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 MINNIFIELD, GERALD 2819 HARVEST MOON DR ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name: Hattie J. Matthews Street Address (P.O. Box Number is Not Acceptable): 2028 Laura St City: Jacksonville FL Zip Code: 32206		
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: <i>Hattie J. Matthews</i> DATE: 9/5/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	P MINNIFIELD, GERALD 2819 HARVEST MOON DR ORNAGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hattie J. Matthews 2028 Laura St Jacksonville, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP TURNER, JOSELYN 11887 POYDRAS LANE JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP Turner, Jocelyn 11887 Poydras Lane Jacksonville, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V MATTHEWS, HATTIE 2028 N LAURA ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUANITA SIMMONS 6606 MAWATAHAW DR. JACKSONVILLE, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWAIN, KAREN B P.O. BOX 28070 JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerald Minnifield 2819 Harvest Moon Dr Orange Park, FL 32073	<input checked="" 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
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 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.					
SIGNATURE: <i>Hattie J. Matthews</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/5/08 904-354-5824 <small>Date Daytime Phone #</small>		