

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90008 018 \*\*\*\*71.00

**DOCUMENT # N98000000375**

1. Corporation Name

**THE NAACP ECONOMIC EMPOWERMENT AND COMMUNITY HOUSING DEVELOPMENT CORPORATION**

Principal Place of Business

900 3RD STREET EAST  
BRADENTON FL

Mailing Address

PO BOX 937  
BRADENTON FL 34206

592196 - 90030 - 2



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/22/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

65-0813575

Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

24 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, WILLIAM A  
2115 18TH STREET COURT EAST  
BRADENTON FL 34208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT  
NAME D VIRGINIA MASSIE  
STREET ADDRESS P.O. Box 258  
CITY-ST-ZIP TALLEHAST, FLA. 34270

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME D MARIAN NELSON  
STREET ADDRESS P.O. Box 2277  
CITY-ST-ZIP BRADENTON, FLA. 34208

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TREASURER  
NAME D SHARON HALL  
STREET ADDRESS 1621 14TH AVE. EAST  
CITY-ST-ZIP BRADENTON, FLA. 34208

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SECRETARY  
NAME D YAMARA RODRIGUEZ  
STREET ADDRESS 903 5TH STREET EAST  
CITY-ST-ZIP PALMETTO, FLA. 34221

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME D NETTIE BAILEY  
STREET ADDRESS 7119 ALDERWOOD DRIVE  
CITY-ST-ZIP SARASOTA, FLA. 34243

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM A. GIBSON** REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/99 941/247-6650  
Date Daytime Phone #

CR2E037 (5/99)