

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000375

1. Entity Name

THE NAACP ECONOMIC EMPOWERMENT AND COMMUNITY HOU

Principal Place of Business

Mailing Address

900 3RD STREET EAST  
BRADENTON FL

PO BOX 937  
BRADENTON FL 34206-0937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0813575

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME MASSIE, VIRGINIA  
STREET ADDRESS P.O. BOX 258  
CITY-ST-ZIP TALLEVAST FL 34270

TITLE ☐ Change ☐ Addition  
NAME 500003420595--0  
STREET ADDRESS -10/10/00--01075--005  
CITY-ST-ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

TITLE VD ☐ Delete  
NAME NELSON, MARIAN  
STREET ADDRESS P.O. BOX 2277  
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Change ☐ Addition  
NAME 500003420595--0  
STREET ADDRESS -10/10/00--01075--006  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE TD ☐ Delete  
NAME HALL, SHARON  
STREET ADDRESS 1621 14TH AVE EAST  
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME RODRIGUEZ, YAMAIRA  
STREET ADDRESS 903 5TH STREET EAST  
CITY-ST-ZIP PALMETTO FL 34221

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BAILEY, NETTIE  
STREET ADDRESS 7119 ALDERWOOD DRIVE  
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

VIRGINIA R. MASSIE 8/11/00 923-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0088022

CR2E037 (9/99)