

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90002 048 ****61.25

DOCUMENT # N98000001426

1. Corporation Name

TODAY'S BLACK WOMAN CORP.

Principal Place of Business

12096 NW 25 STREET
CORAL SPRINGS FL 33065

Mailing Address

12096 NW 25 STREET
CORAL SPRINGS FL 33065



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

30

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

65-0819244

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JENNIFER KEITT

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

12096 NW 25 STREET

83

84 City

Coral Springs

FL

85 Zip Code

33065

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

Jennifer Keitt

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

(NOTE: Registered Agent signature required when reinstating)

1/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KEITT, JENNIFER

STREET ADDRESS 12096 NW 25 STREET

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE VTD ☐ DELETE

NAME KEITT, ANTHONY B

STREET ADDRESS 12096 NW 25 STREET

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD ☐ DELETE

NAME DEAN, CHRISTA

STREET ADDRESS 12096 NW 25 STREET

CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CHRISTA DEAN

☒ Change ☐ Addition

1.2 NAME

P.O. Box 8106

1.3 STREET ADDRESS

Coral Springs, FL 33075

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Jennifer Keitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99

Date

954/341.7964

Daytime Phone #

CR2E037 (11/98)

0022373