2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N98000005813

Entity Name: ONE HUNDRED BLACK WOMEN OF FUNERAL SERVICE, INC.

Current Principal Place of Business:

2856 SPYGLASS COVE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 916404
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 59-3535682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STARKS-KHAN, ELEANOR C
2856 SPYGLASS COVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: STARKS-KHAN, ELEANOR C
Address: 2856 SPYGLASS COVE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: WINSTON, MARY LOUISE
Address: 9501 SO. VERMONT AVE.
City-St-Zip: LOS ANGELES, CA 90044

Title: P ( ) Delete
Name: HECTOR, DORETHA F
Address: 1721-27 N. MONROE ST.
City-St-Zip: BALTIMORE, MD 21217

Title: STD ( ) Delete
Name: BURTON, MARILYN
Address: 7350 CAMPBELLTON ROAD, #315
City-St-Zip: ATLANTA, GA 30331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELEANOR C. STARKS KHAN ED 03/24/2009

Electronic Signature of Signing Officer or Director Date