

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005813

FILED  
Apr 27, 2011  
Secretary of State

**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  
Name: STARKS-KHAN, ELEANOR C  
Address: 2856 SPYGLASS COVE  
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: STD  
Name: BURTON, MARILYN  
Address: PO BOX 52  
City-St-Zip: ROSWELL, GA 30077

I hereby 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 all other like empowered.

SIGNATURE: ELEANOR C. STARKS-KHAN

ED

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date