


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

|   |                       |   |  |  |  |
|---|-----------------------|---|--|--|--|
| <b>DOCUMENT # N99000005008</b>  |                       |   |  |   |  |
| <b>1. Entity Name</b><br>THE NATIONAL ASSOCIATION OF NEGRO BUSINESS AND PROFESSIONAL WOMEN'S CLUBS, INC. SOUTH  |                       |   |  |  |  |
| <b>Principal Place of Business</b><br>1385 N.W. 50TH STREET<br>MIAMI FL 33142   |                       |   | <b>Mailing Address</b><br>3044 NW 49TH ST.<br>MIAMI FL 33142 |  |  |
| <b>2. Principal Place of Business</b>   |                       |   | <b>3. Mailing Address</b>                                    |  |  |
| Suite, Apt. #, etc.   |                       |   | Suite, Apt. #, etc.  |  |  |
| City & State  |                       |   | City & State   |  |  |
| Zip   | Country               | Zip   | Country  | 4. FEI Number<br><b>NO-T APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |                       |   |  | 8.75 Additional Fee Required   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DAY, MARTHA<br>3044 N.W. 49 STREET<br>MIAMI FL 33142  |                       |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 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. I am familiar with, and accept the obligations of registered agent. |                       |   |  |  |  |
| SIGNATURE _____<br><small>Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____  |                       |   |  |  |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>  |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make Check Payable to</b><br><b>Florida Department of State</b>  |                       |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                       |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DAWKINS, NANCY        |   | NAME   | 000000560936   |  |
| STREET ADDRESS  | 1385 N.W. 50TH STREET |   | STREET ADDRESS   | 05/18/06-80053-020 70.00   |  |
| CITY- ST- ZIP   | MIAMI FL 33142        |   | CITY- ST- ZIP  |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | DAY, MARTHA           |   | NAME   |  |  |
| STREET ADDRESS  | 3044 N.W. 49 STREET   |   | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   | MIAMI FL 33142        |   | CITY- ST- ZIP  |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | THURSTON, KATHLEEN    |   | NAME   |  |  |
| STREET ADDRESS  | 155 NE 158TH STREET   |   | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   | MIAMI FL 33162        |   | CITY- ST- ZIP  |  |  |
| TITLE   | D                     | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | SIDNEY, ALICE         |   | NAME   |  |  |
| STREET ADDRESS  | 3725 N.W. 11 AVE.     |   | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   | MIAMI FL 33142        |   | CITY- ST- ZIP  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                       |   | NAME   |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   |                       |   | CITY- ST- ZIP  |  |  |
| TITLE   |                       | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                       |   | NAME   |  |  |
| STREET ADDRESS  |                       |   | STREET ADDRESS   |  |  |
| CITY- ST- ZIP   |                       |   | CITY- ST- ZIP  |  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *MARTHA E. DAY - MARTHA DAY* April 29 2006 / 305-633-1965