

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008204

**Entity Name:** NATIONAL COALITION OF 100 BLACK WOMEN, GREATER JACKSONVILLE CHAPTER, INC.**FILED**  
**Feb 06, 2023**  
**Secretary of State**  
**1276126416CC****Current Principal Place of Business:**731 DUVAL STATION RD  
STE# 107-55  
JACKSONVILLE, FL 32218**Current Mailing Address:**731 DUVAL STATION RD  
STE# 107-55  
JACKSONVILLE, FL 32222 UN**FEI Number: 87-1496118****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FOSTER, KELITA  
731 DUVAL STATION RD  
STE # 107-55  
JACKSONVILLE, FL 32218 US*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: KELITA FOSTER****02/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | BARNES, CATHERINE DR  |
| Address         | 11941 CHERRY CREEK RD |
| City-State-Zip: | JACKSONVILLE 32218    |

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | FOSTER, KELITA        |
| Address         | 153 POND RUN LANE     |
| City-State-Zip: | JACKSONVILLE FL 32218 |

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | SKEETE, BRENDA DR  |
| Address         | 306 MELISSA RAY DR |
| City-State-Zip: | JACKSONVILLE 32225 |

|                 |                        |
|-----------------|------------------------|
| Title           | TREA                   |
| Name            | MILLINER-SMITH, SADIE  |
| Address         | 678 SCARLET VIEW COURT |
| City-State-Zip: | ORANGE PARK FL 32073   |

|                 |                              |
|-----------------|------------------------------|
| Title           | FS                           |
| Name            | RAZOR, VERNELL               |
| Address         | 15318 SPOTTED STALLION TRAIL |
| City-State-Zip: | JACKSONVILLE FL 32234        |

|                 |                       |
|-----------------|-----------------------|
| Title           | RS                    |
| Name            | MCRAE, ANGELA         |
| Address         | 3359 MILLCREST PLACE  |
| City-State-Zip: | JACKSONVILLE FL 32277 |

|                 |                       |
|-----------------|-----------------------|
| Title           | CS                    |
| Name            | KIELBOWICZ, KATRINA   |
| Address         | 3613 DUCLAIR COURT    |
| City-State-Zip: | JACKSONVILLE FL 32226 |

|                 |                    |
|-----------------|--------------------|
| Title           | VP                 |
| Name            | HUTCHINSON, KARLA  |
| Address         | 19957 NE 114TH AVE |
| City-State-Zip: | WALDO FL 32694     |

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: ANGELA MCRAE****RECORDING SECRETARY 02/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date