

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004046

**Entity Name:** THE NATIONAL COALITION OF 100 BLACK WOMEN  
PENSACOLA CHAPTER, INC.

**FILED**  
**Feb 07, 2017**  
**Secretary of State**  
**CC5737985079**

**Current Principal Place of Business:**

3910 POTOSI RD  
PENSACOLA, FL 32504

**Current Mailing Address:**

P.O. BOX 17331  
PENSACOLA, FL 32522-7331 US

**FEI Number: 59-3178169**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HOPSON, JOYCE M DR.  
3910 POTOSI ROAD  
PENSACOLA, FL 32504 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: DR. JOYCE HOPSON**

**02/07/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	1VP
Name	HOPSON, JOYCE M	Name	PRESLEY, LOLA
Address	3910 POTOSI ROAD	Address	6200 VICKSBURG ST.
City-State-Zip:	PENSACOLA FL 32504	City-State-Zip:	PENSACOLA FL 32503
Title	3VP	Title	2VP
Name	ROBINSON, LINDA	Name	FLEMING, KRISTEN DR.
Address	201 GETTYSBURG DRIVE	Address	7400 HARVEY ST.
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32506
Title	SEC	Title	TREASURER
Name	WILLIAMS DUNKLIN, EARLINE	Name	MARSHALL, ELIZABETH
Address	P O BOX 17331	Address	1315 PORTLAND ST.
City-State-Zip:	PENSACOLA FL 32522	City-State-Zip:	PENSACOLA FL 32505

*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: JOYCE HOPSON**

**PRESIDENT**

**02/07/2017**

Electronic Signature of Signing Officer/Director Detail

Date