

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

DOCUMENT# N93000004046

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

**FILED**  
**Apr 30, 2023**  
**Secretary of State**  
**2020771150CC**

**Current Principal Place of Business:**

201 GETTYSBURG DRIVE  
PENSACOLA, FL 32503

**Current Mailing Address:**

P.O. BOX 10291  
PENSACOLA, FL 32524-0291 US

**FEI Number: 59-3178169**

**Certificate of Status Desired: Yes**

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

NATIONAL COALITION OF 100 BLACK WOMEN, INC., PENSACOLA CHAPTER  
201 GETTYSBURG DRIVE  
PENSACOLA, FL 32503 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: LINDA ROBINSON**

**04/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES	Title	1VP
Name	ROBINSON, LINDA P	Name	ALSTON, CORNITA
Address	201 GETTYSBURG DRIVE	Address	2722 CARRINGTON LAKES BLVD
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	CANTONMENT FL 32533
Title	2ND	Title	3VP
Name	HULL, LA'TEISHA	Name	HARRIS LEWIS, CHRISTINE
Address	1663 CONDOR DRIVE, CANTONMENT, FL, USA	Address	245 SPRINGWOOD DRIVE
City-State-Zip:	CANTONMENT FL 32533	City-State-Zip:	GREENVILLE AL 36037
Title	SEC	Title	TREASURER
Name	PRESLEY, LOLA	Name	SPENCER, SYNTORIA
Address	6200 VICKSBURG DR	Address	9968 BOXELDER BLVD
City-State-Zip:	PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32526
Title	FINANCIAL SECRETARY	Title	CORRESPONDING SECRETARY
Name	WALLACE, KATRINA	Name	MIXON, LATASHA
Address	227 MAPLE WOOD DRIVE	Address	1951 W. BLOUNT STREET APT#406
City-State-Zip:	ATMORE AL 36502	City-State-Zip:	PENSACOLA FL 32501

*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: LINDA ROBINSON**

**PRESIDENT**

**04/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date