

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767980 (6)**

1. Corporation Name  
**NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSEE CHAPTER**



Principal Place of Business <b>3005 WAHNSH WAY TALLAHASSEE FL 32310</b>	Mailing Address <b>P.O. BOX 6647 TALLAHASSEE FL 32314-6647</b>
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3. Date Incorporated or Qualified <b>04/15/1983</b>	3a. Date of Last Report <b>03/06/1996</b>
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21. Principal Place of Business <b>3412 Blue Jay Drive</b>	2a. Mailing Address <b>P. O. BOX 6647</b>	4. FEI Number <b>52-1154213</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State <b>Tallahassee, FL</b>	27. City & State <b>Tallahassee, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip <b>32310</b>	28. Zip <b>32314-6647</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country <b>Leon</b>	29. Country <b>Leon</b>		

9. Name and Address of Current Registered Agent

**WILLIAMS, DR. JUANITA  
3005 WAHNSH WAY  
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name **Ms. Barbara R. Harvey**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3412 Blue Jay Drive**

84 City **Tallahassee** **FL** 85 Zip Code **32310**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Barbara R. Harvey* **BARBARA R. HARVEY,** **2/3/97** DATE

Signature, typed or printed name of registered agent, and title if applicable (NONE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DR. JUANITA	
STREET ADDRESS	3005 WAHNSH WAY	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, BARBARA	
STREET ADDRESS	3412 BLUE JAY DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, IRENE	
STREET ADDRESS	3105 RACKLEY DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GODETTE, NANCY	
STREET ADDRESS	606 HAWKINS ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AVENT, MARY	
STREET ADDRESS	1515 PAUL RUSSELL RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	HARVEY, MS. BARBARA R.		
1.3 STREET ADDRESS	3412 Blue Jay Drive		
1.4 CITY-ST-ZIP	Tallahassee, FL 32310		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Powell, Dr. Deidre		
2.3 STREET ADDRESS	606 Campbell St		
2.4 CITY-ST-ZIP	Tallahassee, FL 32310		
3.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Jefferson, Mrs. Sharon		
3.3 STREET ADDRESS	729 Silver Maple Dr		
3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Williams, Dr. Juanita		
4.3 STREET ADDRESS	3005 Wahnish Way		
4.4 CITY-ST-ZIP	Tallahassee, FL 32310		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara R. Harvey* **BARBARA R. HARVEY,** **2/3/97** DATE

Signature and typed or printed name of signing officer or director

CR2E037 (9/96)