

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767980

FILED
May 03, 2009
Secretary of State

Entity Name: NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSEE CHAPTER

Current Principal Place of Business:

3105 RACKLEY DRIVE
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6647
TALLAHASSEE, FL 323146647 US

New Mailing Address:

FEI Number: 52-1154213 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRY, IRENE T
3105 RACKLEY DRIVE
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DARIOTS, CAOLYN
Address: 970 RICHARDSON
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: DIXON-ALLEN, RENITA
Address: P.O.BOX 7161
City-St-Zip: TALLAHASSEE, FL 32314

Title: P () Delete
Name: PERRY, IRENE
Address: 3105 RACKLEY DR
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD () Delete
Name: EATON, DARYL
Address: 427 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: RAY, ARMENTHA
Address: 3204 HASTIE ROAD
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: DANIELS, CAROLYN
Address: 970 RICHARDSON
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: EATON, DARYL M
Address: 427 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARYL M. EATON

TD

05/03/2009

Electronic Signature of Signing Officer or Director

_____ Date