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**Mar 09, 1999 8:00 am**  
**Secretary of State**

00000113

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

03-09-1999 90065 028 \*\*\*\*61.25

**DOCUMENT # 767980**

1. Corporation Name

**NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLHASSEE E CHAPTER**

Principal Place of Business

3412 BLUE JAY DRIVE  
 TALLHASSEE FL 32310  
 US

Mailing Address

P.O. BOX 6647  
 TALLHASSEE FL 32314-6647  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

04/15/1983

4. FEI Number

52-1154213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MS. BARBARA R. HARVEY  
 3412 BLUE JAY DRIVE  
 TALLHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME HARVEY, MS. BARBARA R.  
 STREET ADDRESS 3412 BLUE JAY DRIVE  
 CITY-ST-ZIP TALLHASSEE FL

TITLE VD  DELETE  
 NAME POWELL, DR. DEIDRE  
 STREET ADDRESS 606 CAMPBELL STREET  
 CITY-ST-ZIP TALLHASSEE FL

TITLE VD  DELETE  
 NAME JEFFERSON, MRS. SHARON  
 STREET ADDRESS 729 SILVER MAPLE DRIVE  
 CITY-ST-ZIP TALLHASSEE FL

TITLE TD  DELETE  
 NAME WILLIAMS, DR. JUANITA  
 STREET ADDRESS 3005 WAHNSH WAY  
 CITY-ST-ZIP TALLHASSEE FL

TITLE SD  DELETE  
 NAME AVENT, MARY  
 STREET ADDRESS 1515 PAUL RUSSELL RD.  
 CITY-ST-ZIP TALLHASSEE FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE VD  Change  Addition  
 2.2 NAME Avent, Mary  
 2.3 STREET ADDRESS 1515 Paul Russell Road  
 2.4 CITY-ST-ZIP Tallahassee, FL 32301

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE SD  Change  Addition  
 5.2 NAME Murray, Bertha  
 5.3 STREET ADDRESS 4472 Cool Emerald Drive  
 5.4 CITY-ST-ZIP Tallahassee, FL 32303

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Barbara R. Harvey* SIGNATURE REQUIRED: **Barbara R. Harvey, President 02/24/99 922-8172**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)