

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP -9 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 767980

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

Principal Place of Business 3138 CORRIB DRIVE TALLAHASSEE, FL 32309 US	Mailing Address P.O. BOX 6647 TALLAHASSEE, FL 32314-6647 US
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08112004 Chg-NP CR2E037 (10/03)

4. FEI Number
52-1154213

5. Certificate of Status Desired \$8.75 Additional Fee Required



MRS

6. Name and Address of Current Registered Agent

JONES, SHIRLEY A'DR
3138 CORRIB DRIVE
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SHIRLEY	NAME	
STREET ADDRESS	3138 CORRIB DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, LOYCE	NAME	
STREET ADDRESS	313 TALWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, IRENE	NAME	
STREET ADDRESS	3105 RACKLEY DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDGING, KALISHA	NAME	TD Hall, Mildred
STREET ADDRESS	313 TALWOOD DRIVE	STREET ADDRESS	9015 Turnberry Court
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	Tall., FL 32312
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, ALEXANDER	NAME	Robinson, Minnie
STREET ADDRESS	3704 AKSARBEN DR	STREET ADDRESS	3267 Skaview Drive
CITY-ST-ZIP	TALLAHASSEE, FL 32311	CITY-ST-ZIP	Tally, FL 32303
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Shirley A. Jones, Ph. D. 9-9-04 893-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #