


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767980 1. Entity Name NATIONAL HOOK-UP OF BLACK WOMEN, INC. TALLAHASSEE CHAPTER	
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FILED
05 APR 12 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3138 CORRIB DRIVE TALLAHASSEE, FL 32309 US	Mailing Address P.O. BOX 6647 TALLAHASSEE, FL 32314-6647 US
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DO NOT WRITE IN THIS SPACE

03202005 No Chg-NP		CR2E037 (10/03)
4. FEI Number 52-1154213	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JONES, SHIRLEY
STREET ADDRESS	3138 CORRIB DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	HILL, LOYCE
STREET ADDRESS	313 TALWOOD DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VD
NAME	PERRY, IRENE
STREET ADDRESS	3105 RACKLEY DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	TD
NAME	HALL, MILDRED
STREET ADDRESS	9017 TURNBERRY COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	SD
NAME	ROBINSON, MINNIE
STREET ADDRESS	3267 SKYVIEW DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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900054012389
05/06/05--01059--016 **61.25

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 empowered.

SIGNATURE: *Shirley A. Jones (Shirley A. Jones, Ph.D.)* 3/21/05, 893-1926

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