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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49255

1. Corporation Name

NORTHWOOD BUSINESS DEVELOPMENT CORPORATION

Principal Place of Business

415 25TH ST
 WEST PALM BEACH FL 33407
 US

Mailing Address

415 25TH ST
 WEST PALM BEACH FL 33407
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Northwood Bus Dev Corp		26 Northwood Bus Dev Corp		06/03/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
440-24th St		440-24th St		65-0352279	
23 City & State		28 City & State		5. Certificate of Status Desired ☐	
West Palm Beach FL		West Palm Bch FL		\$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution ☐	
33407		33407		\$5.00 May Be Added to Fees	
25 Country		30 Country			
USA		USA			

9. Name and Address of Current Registered Agent

BRANCH, LYNN C
 415-25TH ST.
 WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name David W Rucker
 82 Street Address (P.O. Box Number is Not Acceptable)
 440-24th St.
 83
 84 City West Palm Bch FL 85 Zip Code 33407

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

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

(NOTE: Registered Agent signature required when reinstating)

4/4/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEPREZ, CLAUDIA	1.2 NAME	
STREET ADDRESS	10953 N. MILITARY TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	TD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, LYNN	2.2 NAME	
STREET ADDRESS	417 25TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, CHERYL	3.2 NAME	
STREET ADDRESS	2300 N. DIXIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	RUCKER, DAVID W.	4.2 NAME	
STREET ADDRESS	561 N. Country Club Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, FL 33462	4.4 CITY-ST-ZIP	
TITLE	Sec./Dir ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	BeHe Anne Starkey	5.2 NAME	
STREET ADDRESS	213-29th St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. Palm Bch FL 33407	5.4 CITY-ST-ZIP	
TITLE	Treasurer/Dir ☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	WAYNE A. FRECHETTE	6.2 NAME	
STREET ADDRESS	4520 Broadway	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. Palm Beach FL 33407	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)