FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # N93000002830 (8)

1. Corporation Name

NORTHWEST COMMUNITY CIVIC ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
750 N.W. 8TH AVE. HALLANDALE FL 33009	750 N.W. 8TH AVE. HALLANDALE FL 33009

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 65-0487085 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WASHINGTON, MARY G.
700 N.W. 5TH CT
HALLANDALE FL 33009

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WASHINGTON, KENNETH		1.2 NAME	HARDWICK, John	
STREET ADDRESS	600 N.W. 4TH AVENUE		1.3 STREET ADDRESS	708 SW 5th Court	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	☒ DELETE	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	BURTON, TIMOTHY		2.2 NAME	GEORGE, Eric	
STREET ADDRESS	641 N.W. 4TH COURT		2.3 STREET ADDRESS	824 NW 10th Street	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	EPPS, SONIA		3.2 NAME	ALLEN, John R.	
STREET ADDRESS	801 N.W. 7TH AVE.		3.3 STREET ADDRESS	320 SW 8th Street	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	☒ DELETE	4.1 TITLE	FS/D	☒ Change ☐ Addition
NAME	WOMACK, HELEN		4.2 NAME	ROGERS, Judy Perry	
STREET ADDRESS	805 N.W. 10TH ST.		4.3 STREET ADDRESS	404 NW 3rd Avenue	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	WASHINGTON, MARY G		5.2 NAME	WASHINGTON, Mary G.	
STREET ADDRESS	700 N.W. 5TH COURT		5.3 STREET ADDRESS	700 NW 5th Court	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	☒ DELETE	6.1 TITLE	S/D	☒ Change ☐ Addition
NAME	JOHNSON, ORESTA G		6.2 NAME	LANGSTON, Joyce S.	
STREET ADDRESS	700 N.W. 5TH COURT		6.3 STREET ADDRESS	744 NW 9th Street	
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP	Hallandale, FL 33009	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Mary Washington Mary G. Washington 4/11/96 457-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #