

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003323 (2)

1. Corporation Name

GREATER NORTHWEST QUADRANT ASSOC., INC.



Principal Place of Business

Mailing Address

**312 W 8TH ST
JACKSONVILLE FL 32206**

**312 W 8TH ST
JACKSONVILLE FL 32206**

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

12/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BROWN, PHILLIP
312 W 8TH ST
JACKSONVILLE FL 32206**

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	DP	<input type="checkbox"/> DELETE
NAME	BROWN, PHILLIP	
STREET ADDRESS	312 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, DEBRA L	
STREET ADDRESS	1342 MARLEE RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GOINS, ANNETTE	
STREET ADDRESS	1303 LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, CAROL	
STREET ADDRESS	314 W 6TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, VERONICA	
STREET ADDRESS	4450 WILL SCARLET RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANAWATI, DINA	
STREET ADDRESS	8789 SOUTHWEST BLVD., #2007	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Earles Johnson	
1.3 STREET ADDRESS	1429 Pearl Street	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Phillip Brown - DP - Director President

2-17-96

904396130X

564-996

CR2E037 (12/95)