

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 28 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003323 (2)**

**T. Corporation Name  
GREATER NORTHWEST QUADRANT ASSOC., INC.**



Principal Place of Business <b>312 W 8TH ST JACKSONVILLE FL 32206</b>	Mailing Address <b>312 W 8TH ST JACKSONVILLE FL 32206</b>
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**3. Date Incorporated or Qualified  
07/06/1994**

<b>4. FEI Number 59-0941425</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
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<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
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<b>22</b> City & State	<b>27</b> City & State
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<b>23</b> Zip	<b>28</b> Zip	<b>25</b> Country	<b>30</b> Country
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**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

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

**7. Is this nonprofit corporation a homeowners association?**  Yes  No

**8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.**  Yes  No

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PHILLIP	1.2 NAME	
STREET ADDRESS	312 W 8TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DEBRA L	2.2 NAME	
STREET ADDRESS	1342 MARLEE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SWITZERLAND FL 32259	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOINS, ANNETTE	3.2 NAME	
STREET ADDRESS	1303 LAURA ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CAROL	4.2 NAME	
STREET ADDRESS	314 W 8TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, VERONICA	5.2 NAME	
STREET ADDRESS	4450 WILL SCARLET RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAWATI, DINA	6.2 NAME	
STREET ADDRESS	8789 SOUTHWEST BLVD., #2007	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	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.**

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ *Phillip Brown - 18-96 904 366 1304*

CR2E037 (10/97)