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05-03-1999 90040 029 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003323

1. Corporation Name

GREATER NORTHWEST QUADRANT ASSOC., INC.

4/0366 - 90040 - 29

Principal Place of Business

312 W 8TH ST
 JACKSONVILLE FL 32206

Mailing Address

312 W 8TH ST
 JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/06/1994

4. FEI Number

59-0941425

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 DELETE
 NAME **DP**
 STREET ADDRESS **BROWN, PHILLIP**
 CITY-ST-ZIP **312 W 8TH ST**
JACKSONVILLE FL 32206

TITLE DELETE
 NAME **DEB**
 STREET ADDRESS **BROWN, DEBRA L**
 CITY-ST-ZIP **1342 MARLEE RD.**
SWITZERLAND FL 32259

TITLE DELETE
 NAME **DS**
 STREET ADDRESS **GOINS, ANNETTE**
 CITY-ST-ZIP **1303 LAURA ST**
JACKSONVILLE FL 32206

TITLE DELETE
 NAME **D**
 STREET ADDRESS **DAVIS, CAROL**
 CITY-ST-ZIP **314 W 6TH ST**
JACKSONVILLE FL 32206

TITLE DELETE
 NAME **D**
 STREET ADDRESS **LEWIS, VERONICA**
 CITY-ST-ZIP **4450 WILL SCARLET RD**
JACKSONVILLE FL 32208

TITLE DELETE
 NAME **D**
 STREET ADDRESS **KANAWATI, DINA**
 CITY-ST-ZIP **8789 SOUTHWEST BLVD., #2007**
JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **DP**
 1.3 STREET ADDRESS **Ramona Colley**
PO BOX 14277
 1.4 CITY-ST-ZIP **Jax FL 32238**

2.1 TITLE Change Addition
 2.2 NAME **D**
 2.3 STREET ADDRESS **Eriq Johnson**
1429 Pearl PO Box 1612
 2.4 CITY-ST-ZIP **Jacksonville, FL 32201**

3.1 TITLE Change Addition
 3.2 NAME **D**
 3.3 STREET ADDRESS **Linda Jackson**
312 W 8th St
 3.4 CITY-ST-ZIP **Jax FL 32206**

4.1 TITLE Change Addition
 4.2 NAME **D**
 4.3 STREET ADDRESS **Yang Yang**
653 Galter St Suite 105
 4.4 CITY-ST-ZIP **St Paul, MN 55013**

5.1 TITLE Change Addition
 5.2 NAME **D**
 5.3 STREET ADDRESS **Malvin Freeman**
312 W 8th St
 5.4 CITY-ST-ZIP **Jax FL 32206**

6.1 TITLE Change Addition
 6.2 NAME **D**
 6.3 STREET ADDRESS **Larry Floyd**
1575 W 13th St
 6.4 CITY-ST-ZIP **Jax FL 32209**

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:

Phillip Brown

4-27-99 904356 1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)