
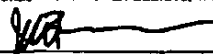


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90047 047 \*\*\*\*61.25

<b>DOCUMENT # N94000003323</b>					
1. Entity Name <b>GREATER NORTHWEST QUADRANT ASSOC., INC.</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-0941425</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BROWN, PHILLIP 312 W 8TH ST JACKSONVILLE FL 32206</b>				7. Name and Address of New Registered Agent	
				NAME	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW: FEE IS \$81.25 (Due By May 1, 2006)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, PHILLIP		NAME	<del>XXXXXXXXXX</del> VOID	
STREET ADDRESS	312 W 8TH ST		STREET ADDRESS	<del>XXXXXXXXXX</del>	
CITY-STATE-ZIP	JACKSONVILLE FL 32206		CITY-STATE-ZIP	Jacksonville, FL 32206	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, LINDA S		NAME	AFAFF Hagaradama	
STREET ADDRESS	2121 N DAVIS		STREET ADDRESS	500 Acme St # 1204	
CITY-STATE-ZIP	JACKSONVILLE FL 32209		CITY-STATE-ZIP	Jacksonville, FL 32211	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JAMES M.		NAME	Irene Bolden	
STREET ADDRESS	2211 AIA Wal Blvd.		STREET ADDRESS	224 W 12th	
CITY-STATE-ZIP	Appt 2312 Honolulu, HI 96815		CITY-STATE-ZIP	Jacksonville FL 32206	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JOHN PHILLIP		NAME	Leah Hines	
STREET ADDRESS	3443 South West Dr-28		STREET ADDRESS	10108 Cowpen Rd	
CITY-STATE-ZIP	Jacksonville, FL 32209		CITY-STATE-ZIP	Sanderson, FL 32087	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MELVIN		NAME		
STREET ADDRESS	218 West 16th St		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32206		CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDEN, ANNETTE		NAME		
STREET ADDRESS	4839 MONCRIEF RD #7		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE FL 32208		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>JAMES Phillip Brown</b> 1-2K-06 704 356 1304					