

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003323

FILED
Sep 16, 2009
Secretary of State

Entity Name: GREATER NORTHWEST QUADRANT ASSOC., INC.

Current Principal Place of Business:

312 W 8TH ST
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

312 W 8TH ST
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-0941425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, SHAMEKA
Address: 335 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: BROWN, JAMES M
Address: P.O. BOX 72
City-St-Zip: SUMMERLAND, CA 93067

Title: D () Delete
Name: HAGERAHAMA, ATAFF
Address: 500 ACMEST 1204
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: BROWN, JOHN PHILLIP
Address: 3449 SW SR 26
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: BOLDEN, IRENE
Address: 312 W. 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: HUERNEHENG, LU
Address: 3709 SAN PABLO RD S APT 407
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOHNSON, SHANEKA
Address: 335 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PHILLP BROWN

RPH

09/16/2009

Electronic Signature of Signing Officer or Director

_____ Date