

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90152 050 ****61.25

DOCUMENT # N94000003323



1. Entity Name
GREATER NORTHWEST QUADRANT ASSOC., INC.

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-0941425**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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
NAME	BROWN, PHILLIP	
STREET ADDRESS	312 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JACKSON, LINDA S	
STREET ADDRESS	2121 N DAVIS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BULLARD, THERESA ROSE	
STREET ADDRESS	12340 SONDR A COVE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN PHILLIP	
STREET ADDRESS	3449 SOUTHWEST SR 26	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, MELVIN	
STREET ADDRESS	PERRY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLDEN, ANNETTE	
STREET ADDRESS	4839 MONCRIEF RD #7	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>James Macon Brown</i>	
STREET ADDRESS	<i>PO Box 72</i>	
CITY-ST-ZIP	<i>Summer Land, Ca 93067</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Phillip Brown*

3-24-03

904 356 1304

CR2E037 (10/02)