2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Sep 21, 2004 8:00 am
Secretary of State
09-21-2004 90001 004 ****70.00

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1. Entity Name
W.J.N. ECONOMIC DEVELOPMENT, INC.

24085880

Principal Place of Business	Mailing Address
WJN ECONDMIC DR 3770 N.W. 197 STREET CAROL CITY, FL 33055	WJN ECONDMIC DR 3770 N.W. 197 STREET CAROL CITY, FL 33055

09092004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0846216
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON, WILLIE J REV
3770 NW 197ST
CAROL CITY, FL 33055

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	COWING, BILL
STREET ADDRESS	2230 ALI BABA AVENUE
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	TD
NAME	NELSON, HARRIET
STREET ADDRESS	2230 ALI BABA AVENUE
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	PD
NAME	NELSON, WILLIE J REV.
STREET ADDRESS	2230 ALI BABA AVENUE
CITY-ST-ZIP	OPA-LOCKA, FL 33054
TITLE	TD
NAME	NELSON, SOPHIA C
STREET ADDRESS	2230 ALIBABA AVE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	TD
NAME	POOLE, JAMES
STREET ADDRESS	2230 ALIBABA AVE
CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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.

Director

SIGNATURE: Rev. Willie J. Nelson Willie J. Nelson Sept 19, 2004 (305) 620-8285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #