

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:07

DOCUMENT # **751628** (9)  
1. Corporation Name  
**WESTSIDE-DEERFIELD BUSINESSMEN ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**275 SW 1ST STREET #1 DEERFIELD BEACH FL 33341** **P.O. BOX 71 DEERFIELD BEACH FL 33443**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/19/1980** 3a. Date of Last Report **09/26/1994**  
4. FEI Number **65-0288583** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

**THOMPSON, ERNEST  
884 SW 3RD AVE  
DEERFIELD BEACH FL 33441**

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>VPD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNOWLES, NATHANIEL B.</b>	1.2 NAME	<b>FELECIA POITIER</b>
STREET ADDRESS	<b>690 SW 12TH CT</b>	1.3 STREET ADDRESS	<b>85 WEST HILLSBORO BOULEVARD</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	1.4 CITY-ST-ZIP	<b>DEERFIELD BCH., FL. 33441</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, JOHNNY</b>	2.2 NAME	<b>JOHNNIE L. MOORER</b>
STREET ADDRESS	<b>192 NW 3RD COURT</b>	2.3 STREET ADDRESS	<b>170 N.W. 6TH COURT</b>
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	2.4 CITY-ST-ZIP	<b>DEERFIELD BCH., FL. 33441</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAHMING, LOHMAN</b>	3.2 NAME	
STREET ADDRESS	<b>379 S. DIXIE HIGHWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, ERNEST</b>	4.2 NAME	
STREET ADDRESS	<b>242 SW 1ST COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAGIN, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>170 SW 3RD AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRISH, TONY</b>	6.2 NAME	
STREET ADDRESS	<b>273 W. HILLSBORO BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEERFIELD BCH. FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #