

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **03/19/1980**  
3a. Date of Last Report: **02/22/1995**  
4. FEI Number: **65-0288583**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNOWLES, NATHANIEL B.	
STREET ADDRESS	690 SW 12TH CT	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, JOHNNY	
STREET ADDRESS	192 NW 3RD COURT	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAHMING, LOHMAN	
STREET ADDRESS	379 S. DIXIE HIGHWAY	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, ERNEST	
STREET ADDRESS	242 SW 1ST COURT	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAGIN, JOHN	
STREET ADDRESS	170 SW 3RD AVENUE	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARRISH, TONY	
STREET ADDRESS	273 W. HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	V P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	POITIER FELECIA	
1.3 STREET ADDRESS	85 W. HILLSBORO BLVD.	
1.4 CITY-ST-ZIP	DEERFIELD BCH., FL 33441	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	900001786739	
4.4 CITY-ST-ZIP	-04/19/96--01018--016	
	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 on an attachment with an address.

SIGNATURE: **NATHANIEL B. KNOWLES** (with handwritten signature) DATE: **4/1/96** DAYTIME PHONE #: **(954) 427-3856**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)