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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90006 025 \*\*\*\*61.25

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**DOCUMENT # 751628**

1. Corporation Name

**WESTSIDE-DEERFIELD BUSINESSMEN ASSOCIATION, INC.**

Principal Place of Business

**275 SW 1ST STREET  
#1  
DEERFIELD BEACH FL 33441**

Mailing Address

**P.O. BOX 71  
DEERFIELD BEACH FL 33443**



2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

City & State

**23**

Zip Country

**24** **25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**27**

Zip Country

**28** **29** **30**

3. Date Incorporated or Qualified

**03/19/1980**

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **KNOWLES, NATHANIEL B.**  
CITY-ST-ZIP **690 SW 12TH CT  
DEERFIELD BCH. FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LEWIS, JOHNNY**  
CITY-ST-ZIP **192 NW 3RD COURT  
DEERFIELD BCH. FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **RAHMING, LOHMAN**  
CITY-ST-ZIP **379 S. DIXIE HIGHWAY  
DEERFIELD BCH. FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **THOMPSON, ERNEST**  
CITY-ST-ZIP **242 SW 1ST COURT  
DEERFIELD BCH. FL**

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **RAGIN, JOHN**  
CITY-ST-ZIP **170 SW 3RD AVENUE  
DEERFIELD BCH. FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PARRISH, TONY**  
CITY-ST-ZIP **273 W. HILLSBORO BLVD.  
DEERFIELD BCH. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **V P**  
1.3 STREET ADDRESS **POITIER, FELESIA**  
1.4 CITY-ST-ZIP **85 WEST HILLS BORO BLVD.  
DEERFIELD BCH FL 33441**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **NATHANIEL KNOWLES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)