

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90049 012 ****70.00

DOCUMENT # 754760

1. Entity Name

THE NORTHWEST COBRA'S CLUB, INC.



Principal Place of Business

THE NW COBRA CLUBING
5638 MONCRIEF RD
JACKSONVILLE FL 32209

Mailing Address

5638 MONCRIEF ROAD
JACKSONVILLE FL 32209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERKINS, ANDREW P
2816 N. MYRTLE AVE.
JACKSONVILLE FL 32209

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD ☐ Delete
NAME JILES, JOSEPH J
STREET ADDRESS 5353 ARLINGTON ESPRESSWAY., 12-J
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE VD ☐ Delete
NAME PERKINS, CORANITA M
STREET ADDRESS 2816 N. MYRTLE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TD ☐ Delete
NAME WILLIAMS, LORETTA Y
STREET ADDRESS 1817 FRANCIS ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE SD ☐ Delete
NAME PERKINS, ANDREW P
STREET ADDRESS 2816 N. MYRTLE AVE.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *MD Manager & Director* ☐ Change ☒ Addition
NAME *Suzette B. Johnson*
STREET ADDRESS *5029 Cleveland Rd #128*
CITY-ST-ZIP *Jacksonville, Fla. 32209*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.