2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90090 019 ****61.25

DOCUMENT # 754760

1. Entity Name

THE NORTHWEST COBRA'S CLUB, INC.

Principal Place of Business	Mailing Address
THE NW COBRA CLUBING 5638 MONCRIEF RD JACKSONVILLE FL 32209	5638 MONCRIEF ROAD JACKSONVILLE FL 32209

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

7. Name and Address of New Registered Agent

Name: Coranita M. Perkins / Suzette E. Johnson

Street Address (P.O. Box Number is Not Acceptable)

5638 Moncrief Rd

City: Jacksonville FL Zip Code: 32209

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: Suzette E. Johnson / Coranita M. Perkins 3/26/07
(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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JILES, JOSEPH J 5353 ARLINGTON ESPRESSWAY., 12-J JACKSONVILLE FL 32211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERKINS, CORANITA M 2816 N. MYRTLE AVE. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, LORETTA Y 1817 FRANCIS ST. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERKINS, ANDREW P 2816 N. MYRTLE AVE. JACKSONVILLE FL 32209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Harvey Johnson, Sr 1902 W 2nd St Jacksonville, Fla 32209 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD JOHNSON, SUZZETTE E 5020 CLEVELAND RD #128 JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Suzette E. Johnson 10970 Lem Tyner Rd #501 Jacksonville, Fla 32218 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Coranita M Perkins / Suzette E. Johnson 3/26/07 904 588-5091 904 465-2359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #