
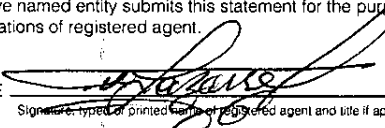



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000477 1. Entity Name ASSOCIATION OF THE SONS OF NORTHWEST INCORPORATED					
Principal Place of Business 634 INDIGO AVENUE WELLINGTON, FL 33414			Mailing Address 634 INDIGO AVENUE WELLINGTON, FL 33414		
2. Principal Place of Business 634 INDIGO AVE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State WELLINGTON FL		City & State SAME		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33414	Country WEST PALM BEACH	Zip SAME	Country SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZARRE, WILFORD 634 INDIGO AVENUE WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 P NAME ROSEMOND, COLETTE STREET ADDRESS 15521 S.W. 109 AVE CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME LAURENT, LIFRANE STREET ADDRESS 9541 NW 11 STREET CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BONTEMPS, ODELENE STREET ADDRESS 14545 NE 3RD COURT CITY-ST-ZIP NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CHRISTIAN, CLAUDETTE STREET ADDRESS 132 ONE 139STREET CITY-ST-ZIP NORTH MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JOSEPH, MERLIN STREET ADDRESS 3300 GARNET ROAD CITY-ST-ZIP MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JEAN, DAPHNE STREET ADDRESS 1351 NW 173 RD TERR CITY-ST-ZIP MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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:  Colette Rosemond <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				04-23-04 <small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-28-04 90208 036 61.25
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