


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90309 007 ****70.00

DOCUMENT # N00000004532 1. Entity Name NORTHWEST WELLNESS AND SOCIAL SERVICE CONSORTIUM, INC.					
Principal Place of Business 2392 N EDGEWOOD AVE JACKSONVILLE, FL 32208			Mailing Address 2392 N EDGEWOOD AVE JACKSONVILLE, FL 32208		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3655413	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTER BELL PA 1482 E 25 STREET JACKSONVILLE, FL 32206			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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
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	D GAFFNEY, REGINALD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7240 LEM TURNER ROAD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ULERIE, MARK A <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3114 PHILLIPS HWY		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32207		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SALEH, M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1408 SAN MARCO BLVD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32207		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D WALKER, HERMONYONE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5606 SOUDEL DR		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32219		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P WASHINGTON, STEWARD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5711 MARLIN CT		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32211		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V SMITH, THEODORE <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1697-KINGS ROAD		NAME		
STREET ADDRESS	JACKSONVILLE, FL 32268		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Steward Washington</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
4/26/04 (904) 781-7777 <small>Daytime Phone #</small>					