


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 037 ****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 | |
| 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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | D GAFFNEY, REGINALD 7240 LEM TURNER ROAD JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ULERIE, MARK A 3114 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALEH, M 1408 SAN MARCO BLVD JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WALKER, HERMONYONE 5606 SOUTEL DR JACKSONVILLE, FL 32219 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WASHINGTON, STEWARD 5711 MARLIN CT JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 exemptions contained in Chapter 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Steward E. Washington Board President | | | Date 3/6/06 (904) 798-9222 x2139 <small>Daytime Phone #</small> | | |

40029600



03032006 Chg-NP CR2E037 (11/05)

ATTACHMENT

40029238

Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

| | |
|---|--|
| This information cannot be changed on the report. | |
| Document Number | N00000004532 |
| Business Entity Name | NORTHWEST WELLNESS AND SOCIAL SERVICE CONSORTIUM, INC. |
| Original File Date | 07/06/2000 |

FEI Number 59-3655413

Principal Address 2392 N EDGEWOOD AVE
JACKSONVILLE, FL 32208

Mailing Address 2392 N EDGEWOOD AVE
JACKSONVILLE, FL 32208

Registered Agent WALTER BELL PA
1482 E 25 STREET
JACKSONVILLE, FL 32206 US

Officer/Director Name And Address

D
REGINALD GAFFNEY
7240 LEM TURNER ROAD
JACKSONVILLE, FL 32208

D
MARK A ULERIE
3114 PHILLIPS HWY
JACKSONVILLE, FL 32207

D
M SALEH
1408 SAN MARCO BLVD
JACKSONVILLE, FL 32207

D
HERMONYONE WALKER
5606 SOUTEL DR
JACKSONVILLE, FL 32219

ATTACHMENT

40029238

N000000004532

P

STEWARD WASHINGTON
5711 MARLIN CT
JACKSONVILLE, FL 32211

If all of the above
information is correct and
you do not wish to make any
changes, please select:

☐ No Changes

If you need to make changes
to the above information,
please select:

☐ Make Changes

Sunbiz Home Page

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