

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004532

FILED
Feb 17, 2009
Secretary of State

Entity Name: NORTHWEST WELLNESS AND SOCIAL SERVICE CONSORTIUM, INC.

Current Principal Place of Business:

2392 N EDGEWOOD AVE
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

2392 N EDGEWOOD AVE
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-3655413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, WALTER
Address: 1482 E 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: RICHARDSON, THEODORE
Address: 2183 ALLANDALE CIR N
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: SALEH, M
Address: 1408 SAN MARCO BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: YOUNG, REGINA
Address: 1582 CHANCELLOR STREET
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: WASHINGTON, STEWARD
Address: 5711 MARLIN CT
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWARD E. WASHINGTON

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date