

**2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 30, 2010  
Secretary of State**

DOCUMENT# N01000004157

**Entity Name:** NORTHWEST JACKSONVILLE COMMUNITY DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

NORTHWEST JACKSONVILLE CDC  
1122 GOLFAIR BLVD.  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1122 GOLFAIR BLVD.  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 31-1809770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TUTWILER, PAUL  
1122 GOLFAIR BLVD.  
JACKSONVILLE, FL 32209      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: P  
Name: WILLIAMS, AILEEN  
Address: 1752 CAVALCADE COURT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD  
Name: ALEXANDER, WILLIE  
Address: 1216 W. 23RD STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD  
Name: BROWN, CLARIER ZEMA  
Address: 436 W 70TH ST  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP  
Name: EAVES, MARY  
Address: 3710 STUART STREET  
City-St-Zip: JACKSONVILLE, FL 32209

I hereby 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 all other like empowered.

SIGNATURE: PAUL TUTWILER

ED

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date