

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006944

FILED
Aug 05, 2008
Secretary of State

Entity Name: NORTHWEST INITIATIVE CLEAN-UP EFFORT, INC.

Current Principal Place of Business:

721 NW 16TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

721 NW 16TH STREET
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-5260126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CARMEN
721 NW 16TH STREET
POMPANO BEACH, FL 33060 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: PD () Delete
Name: JONES, CARMEN
Address: 721 NW 16TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD () Delete
Name: SMALL, CHERYL
Address: 617 NW 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33369

Title: SD () Delete
Name: LORAY, ALISA
Address: 31 NE 21ST STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: ROBINSON, JANICE
Address: 313 NW 16TH AVE
City-St-Zip: POMPANO BEACH, FL 33069

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:

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: CARMEN JONES

PD

08/05/2008

Electronic Signature of Signing Officer or Director

_____ Date