

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009588

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** NORTHWEST COMMUNITY CONSORTIUM, INC.

**Current Principal Place of Business:**

500 AUSTRALIAN AVE., SUITE 619  
W. PALM BCH, FL 33401

**New Principal Place of Business:**

409 N. ROSEMARY AVENUE  
W. PALM BCH, FL 33401

**Current Mailing Address:**

500 AUSTRALIAN AVE., SUITE 619  
W. PALM BCH, FL 33401

**New Mailing Address:**

409 N. ROSEMARY AVENUE  
W. PALM BCH, FL 33401

**FEI Number:** 27-1113574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
**Name:** DAVID, RON  
**Address:** 500 AUSTRALIAN AVE., SUITE 619  
**City-St-Zip:** W. PALM BCH, FL 33401

**Title:** D  
**Name:** JONES, KEVIN  
**Address:** 801 8TH ST.  
**City-St-Zip:** W. PALM BCH, FL 33401

**Title:** D  
**Name:** SOLOMON, LYNN  
**Address:** 3511 VILLAGE BLVD.  
**City-St-Zip:** W. PALM BCH, FL 33409

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:** RONALD DAVIS

D

01/19/2011

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

\_\_\_\_\_  
Date