

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21207** (8)

1. Corporation Name

NORTH GREENWOOD ASSOCIATION, INC.

Principal Place of Business

**1002 NORTH GREENWOOD AVE
CLEARWATER FL 34615**

Mailing Address

**1002 NORTH GREENWOOD AVE
CLEARWATER FL 34615**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/18/1987		3a. Date of Last Report 08/07/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2841250		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MUHAMMAD ABDUR-RAHIM
413 EWING AVE.
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81	Name	Muhammad Abdur-Rahim	
82	Street Address (P.O. Box Number is Not Acceptable)	605 Palm Bluff Street	
83			
84	City	Clearwater	FL
85	Zip Code	34615	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE *Muhammad Abdur-Rahim* DATE **06/09/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, LOIS D.	1.2 NAME	
STREET ADDRESS	1436 HEAVEN SENT LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHIM, MUHAMMAD A.	2.2 NAME	
STREET ADDRESS	413 EWING AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34616	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHERRY	3.2 NAME	
STREET ADDRESS	1789 HARBOR DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, ERNEST	4.2 NAME	
STREET ADDRESS	1777 HARBOR DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34615	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, PAUL	5.2 NAME	
STREET ADDRESS	P.O. BOX 901	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLEY, ISAY	6.2 NAME	
STREET ADDRESS	1246 ELDRIDGE ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Muhammad Abdur-Rahim* DATE **June 9, 1996** (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Muhammad Abdur-Rahim** DAYTIME PHONE # **462-6585**

CR2E037 (3/96)