


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 16 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # N21207 (8)</b> 1. Corporation Name <b>NORTH GREENWOOD ASSOCIATION, INC.</b>
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Principal Place of Business <b>1002 NORTH GREENWOOD AVE CLEARWATER FL 34615</b>	Mailing Address <b>1002 NORTH GREENWOOD AVE CLEARWATER FL 34615-3324</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b> <b>25</b> <b>26</b> <b>27</b> <b>28</b> <b>29</b> <b>30</b>		2a. Mailing Address <b>26</b> <b>P.O. Box 805</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> <b>Clearwater, FL.</b> Zip Country <b>29</b> <b>34615</b> <b>30</b> <b>USA</b>		3. Date Incorporated or Qualified <b>06/18/1987</b>	3a. Date of Last Report <b>06/18/1996</b>
		4. FEI Number <b>59-2841250</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>MUHAMMAD ABDUR-RAHIM</b> <b>805 PALM BLUFF ST.</b> <b>CLEARWATER FL 34616</b>	<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name <b>Jonathan Wade</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>908 Pennsylvania Ave.</b> <b>83</b> <b>84</b> City <b>Clearwater,</b> <b>FL</b> <b>85</b> Zip Code <b>34615</b>
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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 617.0503, Florida Statutes.

SIGNATURE *Jonathan Wade* (NOTE: Registered Agent signature required when reinstating) DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>LOWERY, LOIS D.</b> CITY-ST-ZIP <b>1436 HEAVEN SENT LN. CLEARWATER FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>RAHIM, MUHAMMAD A.</b> CITY-ST-ZIP <b>805 PALM BLUFF ST. CLEARWATER FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Deborah Turner</b> <b>1001 N. Greenwood Ave., B#1, Apt 4</b> <b>Clearwater, FL. 34615</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>HARRIS, CHERRY</b> CITY-ST-ZIP <b>1789 HARBOR DR. CLEARWATER FL 34615</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>CARSON, ERNEST</b> CITY-ST-ZIP <b>1777 HARBOR DR CLEARWATER FL 34615</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME <b>S</b> STREET ADDRESS <b>RITZ, PAUL</b> CITY-ST-ZIP <b>P.O. BOX 901 CLEARWATER FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D</b> STREET ADDRESS <b>GULLEY, ISAY</b> CITY-ST-ZIP <b>1246 ELDRIDGE ST. CLEARWATER FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Yvette Penleton</b> <b>1471 Pinebrook Dr.</b> <b>Clearwater, FL. 34615</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

CR2E037 (9/96)