


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90009 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N21207</b>					
1. Corporation Name <b>NORTH GREENWOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>1002 NORTH GREENWOOD AVE</b> <b>CLEARWATER FL 33755</b> <b>US</b>			Mailing Address <b>P.O. BOX 805</b> <b>CLEARWATER FL 33757</b> <b>US</b>		



2. Principal Place of Business 21 <b>1002 North Greenwood Ave</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>P.O. Box 805</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>06/18/1987</b>	
City & State 23 <b>Clearwater FLORIDA</b> Zip 24 <b>33755</b>		City & State 28 <b>Clearwater FLORIDA</b> Zip 29 <b>33755</b>		4. FEI Number <b>59-2841250</b> Applied For Not Applicable	
Country 25 <b>Pinellas</b>		Country 30 <b>Pinellas</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>WADE, JONATHAN</b> <b>908 PENNSYLVANIA AVE</b> <b>CLEARWATER FL 34615</b>				10. Name and Address of New Registered Agent 81 Name <b>Mr. Muhammad Abdur-Rahim</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1028 N. Madison Ave.</b> 83 84 City <b>Clearwater</b> <b>FL</b> 85 Zip Code <b>33755</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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBLIN, MICHELLE	1.2 NAME	
STREET ADDRESS	1619 N WASHINGTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33755	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, DEBORAH	2.2 NAME	
STREET ADDRESS	1001 N GREENWOOD AVE, B1, APT. 4	2.3 STREET ADDRESS	<b>2 Fernwood-Ave #17</b>
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	<b>Clearwater, FL 33756</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABEEB-ULLAH, BILAL	3.2 NAME	<b>Pauline Carswell</b>
STREET ADDRESS	354 JACKSON STREET	3.3 STREET ADDRESS	<b>903 LaSalle St</b>
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
TITLE	D <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	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	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDLETON, YVETTE	6.2 NAME	
STREET ADDRESS	1471 PINEBROOK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	

14. I 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02/24/99 462-6558**

CR2E037 (11/98)