

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N33281 (9)**

1. Corporation Name

**NORTHWEST COMMUNITY DEVELOPMENT CORPORATION OF W  
EST PALM BEACH**



Principal Place of Business

Mailing Address

120 S. OLIVE AVE., SUITE 609  
STE 200  
W. PALM BEACH FL 33401  
US

120 S. OLIVE AVE  
STE 200  
W. PALM BEACH FL 33401  
US

3. Date Incorporated or Qualified  
**07/17/1989**

3a. Date of Last Report  
**02/28/1995**

2. Principal Place of Business  
21 **638 SIXTH STREET**

2a. Mailing Address  
26 **638 SIXTH STREET**

4. FEI Number  
**65-0132483**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

City & State  
23 **WEST PALM BEACH, FL**

City & State  
28 **WEST PALM BEACH, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

Zip Country  
24 **33401-3818** 25 **US**

Zip Country  
29 **33401-3818** 30 **US**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINSEY, U.B.  
1524 SIXTH STREET  
WEST PALM BEACH FL 33401**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, DARLENE	
STREET ADDRESS	1808 PINEHURST DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KINSEY, U. B.	
STREET ADDRESS	1524 SIXTH STREET	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, RICHARD	
STREET ADDRESS	2927 EMBASSY DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, EMMA	
STREET ADDRESS	1397 6TH ST.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, OLMA B	
STREET ADDRESS	1150 BEAR ISLAND DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, JESSE	
STREET ADDRESS	1403 N. MANGONIA DR.	
CITY-ST-ZIP	W. PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FELICIA CLEVELAND	
1.3 STREET ADDRESS	2220 PONCE DE LEON AVE.	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIE L. BROWN	
2.3 STREET ADDRESS	815 TWENTY-FIRST ST.	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES HARRINGTON	
3.3 STREET ADDRESS	818 TWENTY-SECOND STREET	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JESSIE MALACHI	
4.3 STREET ADDRESS	1015 TENTH ST.	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JANIE GREENE	
5.3 STREET ADDRESS	610 SIXTH ST.	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

*U. B. Kinsey*  
U. B. KINSEY

MARCH 21, 1996 (407)655-2598

Date

Daytime Phone #

CR2E037 (12/95)