AMENDED

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 31 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33281

1. Entity Name
NORTHWEST Communities Development PARTNERSHIP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 S. FLAGLER DRIVE	777 S. Flagler Dr.
Suite, Apt. #, etc. Suite 800W	Suite, Apt. #, etc. Suite 800W
City & State West Palm Beach	City & State West Palm Beach
Zip 33401 Country PalmBeach	Zip 33401 Country PalmBeach

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132483 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: NATIONAL Registered Agent, INC.

Street Address (P.O. Box Number is Not Acceptable): 526 EAST PARK AVE.

City: TALLAHASSEE FL Zip Code: 32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 10-30-2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD NAME CASSANDRA KINSEY-SCOTT STREET ADDRESS 715 Douglas AVE CITY-ST-ZIP West Palm Beach, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400024336504 10/31/03--01078--004 **61.25
TITLE TD NAME HOWARD BROWN STREET ADDRESS 4521 DISCOVERY APT #1 CITY-ST-ZIP West Palm Beach, FL. 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE CD NAME STAN RICHARDSON STREET ADDRESS 777 S Flagler Dr, 800W CITY-ST-ZIP West Palm Beach FL 33401 PO Box 1440 West Palm 33402		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE [redacted] NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE SD NAME McRARY, CLIFF STREET ADDRESS 827 Second Street CITY-ST-ZIP West Palm Beach 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CHAIRMAN 10-30-2003 561-515-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #