

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 # N43114

(0)

1. Corporation Name

NORTHWEST COMMUNITY AND BUSINESS COUNCIL, INC.



Principal Place of Business

Mailing Address

% BOOKER T. YOUNG, JR.
624 N WALKER ST.
LAKE WALES FL 33853

% BOOKER T. YOUNG, JR.
624 N WALKER ST.
LAKE WALES FL 33853

3. Date Incorporated or Qualified
04/24/1991

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-3111626

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

RIVERS, EDDYE J
541 LINCOLN AVE
LAKE WALES FL 33853

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

400001850944

84 City

-06/04/96--01162--04785 FL Zip Code
*****70.00**

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 PD
NAME YOUNG JR, BOOKER T
STREET ADDRESS 201 NORTH AVE
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE VP
NAME WILSON, OZELL
STREET ADDRESS 2303 MAMOUTH GROVE ROAD
CITY-ST-ZIP LAKES WALES FL ☐ DELETE

TITLE TD
NAME RIVERS, EDDYE J
STREET ADDRESS 541 LINCOLN AVE
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE SD
NAME ATMORE, LUCY G
STREET ADDRESS 420 W NORTH AVE
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE D
NAME JOHNSON, FRANK
STREET ADDRESS 204 W. NORTHSIDE DRIVE
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

TITLE D
NAME DELOACH, RICHARD
STREET ADDRESS 2224 EM STREET
CITY-ST-ZIP LAKE WALES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE PD
1.2 NAME WILSON, OZELL
1.3 STREET ADDRESS 2303 MAMOUTH GROVE ROAD
1.4 CITY-ST-ZIP LA KE WALES, FL ☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME YOUNG JR, BOOKER T
2.3 STREET ADDRESS 201 NORTH AVE
2.4 CITY-ST-ZIP LAKE WALES FL ☒ Change ☐ Addition

3.1 TITLE Lendell Staten (D) Member ☐ Change ☒ Addition
3.2 NAME 529 Kissimmee Street
3.3 STREET ADDRESS Lake Wa les, FL 33853

4.1 TITLE Benjamin Sewell (D) Member ☐ Change ☒ Addition
4.2 NAME 230i Mammoth Grove Road
4.3 STREET ADDRESS Lake Wales, FL 33853

5.1 TITLE Rachel Burton (D) Member ☐ Change ☒ Addition
5.2 NAME 2002 Lisa Street
5.3 STREET ADDRESS La ke Wa les, FL 33853

6.1 TITLE Cassie Williams (D) Member ☐ Change ☒ Addition
6.2 NAME 642 Booker Ave.
6.3 STREET ADDRESS Lake Wa les, FL 33853

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96

Date

Daytime Phone

9416768144

CR2E037 (12/95)