FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

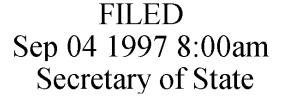
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N43
1. Corporation Name

(0)

NORTHWEST COMMUNITY AND BUSINESS COUNCIL, INC.



Principal Place	e of Business	Mailing Address					014 01000 11101 11004 1401	C BIRK BIRNI BIR		(8)) ((8)) (88)
% BOOKER T. YOUNG. JR. 624 N WALKER ST. LAKE WALES FL 33853		% BOOKER T. YOUNG. JR. 624 N WALKER ST. LAKE WALES FL 33853-3609								
1 . 1-						3. Date Incorp 04/24	orated or Qualified /1991		te of Last Re 05/01/19	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For S9-3111626 Not Applied For			·	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate o	f Status Desired		\$8.75 A	Additional
City & State	9	City & State				6. Election Car	npaign Financing		\$5.00	
Zip Country		Zip Country				Trust Fund (r intensible :	Added t	
24	25 29		0]			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	t Registered Agent	81	None		10. Name and	Address of New H	egistered A	gent	
			8'	Name						
RIVERS, EDDYE J 541 UNCOLN AVE			62	Street	Addres	s (P.O. Box Num	ber is Not Accepts	ıbie)		
	ALES FL 33853		83	 						
CANE 11	ALCO TE 00000		_							
			84	City				FL	85 Zip (Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the abov	e-named	corpor	ation submits thi	s statement for the	purpose of	changing its	s 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 radistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	eni signature	required		CHANGES TO OFFI	DATE ICERS AND	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE	*	<u> </u>				Change	Addition
NAME	WILSON, OZELL		1.2 NAME	٠.	ドルノ	Ndell.	5+2-10 Park,) <i> </i> C	_	
STREET ADDRESS	2303 MAMOUTH GROVE RD.		1.3 STREE	T ADDRESS	H	ghland	Payk,			
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-1		LA	HE 100	113, 1-12)
TITLE	VP .	☐ DELETE	2.1 TITLE						Change	noititbA 🗌
NAME	YOUNG, BOOKER T., JR.		2.2 NAME							
STREET ADDRESS	201 N. AVE.		2.3 STREE	T ADDRESS						
CITY-ST-ZIP	LAKES WALES FL	Driese	2.4 CITY-	ST-ZIP	├ ──				01	N. 400 -
TITLE	TD	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME	RIVERS, EDDYE J		3.2 NAME	* * * * * * * * * * * * * * * * * * * *						
STREET ADDRESS	541 LINCOLN AVE LAKE WALES FL			J ADDRESS	}					
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4. CITY- 4.1 TITLE	51-ZIP					Change	Addition
MAME	ATMORE, LUCY G		4. 2 NAME			•		,		
STREET ADORESS	420 W NORTH AVE		l .	t address						
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-							
TITLE	D	DELETE	5.1 TITLE		1				Change	☐ Addition
NAME	JOHNSON, FRANK		5.2 NAME		1					
STREET ADDRESS	204 W. NORTHSIDE DRIVE		5.3 STREE	T ADDRESS						
CITY-ST-ZIP	LAKE WALES FL		5.4 CITY-1	ST-ZIP						
TITLE	Ō	☐ DELETE	6.1 TITLE					- 7	Change	Addition
NAME	DELOACH, RICHARD	Ì	6.2 NAME							
STREET ADDRESS	2224 EVI STREET		6.3 STREE	T ADDRESS						
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY - 3	ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·				

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 if changed, or on an attachment with an apprecia

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