

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 30 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
04/24/1991
4. FEI Number
59-3111626
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RIVERS, EDDYE J
541 LINCOLN AVE
LAKE WALES FL 33853
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 -05/08/98-01088-005
84 City
85 Zip Code
FL

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)
000002517720--5
-05/08/98-01088-006

12. OFFICERS AND DIRECTORS
TITLE PD
NAME WILSON, OZELL
STREET ADDRESS 2303 MAMOUTH GROVE RD.
CITY-ST-ZIP LAKE WALES FL
TITLE VP
NAME YOUNG, BOOKER T., JR.
STREET ADDRESS 201 N. AVE.
CITY-ST-ZIP LAKE WALES FL
TITLE TD
NAME RIVERS, EDDYE J
STREET ADDRESS 541 LINCOLN AVE
CITY-ST-ZIP LAKE WALES FL
TITLE SD
NAME ATMORE, LUCY G
STREET ADDRESS 420 W NORTH AVE
CITY-ST-ZIP LAKE WALES FL
TITLE D
NAME JOHNSON, FRANK
STREET ADDRESS 204 W. NORTHSIDE DRIVE
CITY-ST-ZIP LAKE WALES FL
TITLE D
NAME DELOACH, RICHARD
STREET ADDRESS 2224 EVI STREET
CITY-ST-ZIP LAKE WALES FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
1.1 TITLE D
1.2 NAME Lendell St aten
1.3 STREET ADDRESS 529 Kissimmee St. Lake Wales Fla
1.4 CITY-ST-ZIP 33853
2.1 TITLE D
2.2 NAME Rachel Burton
2.3 STREET ADDRESS 2 002 Lisa St.
2.4 CITY-ST-ZIP Lake Wales, Fla. 33853
3.1 TITLE D
3.2 NAME Cassie Williams
3.3 STREET ADDRESS 442 Booker Ave.
3.4 CITY-ST-ZIP Lake Wales, Fla. 33853
4.1 TITLE D
4.2 NAME Jerome Mack
4.3 STREET ADDRESS 421 Pearl Street
4.4 CITY-ST-ZIP Lake Wales, Fla. 33853
5.1 TITLE D
5.2 NAME Lawrence J. Epps Jr
5.3 STREET ADDRESS 626 N Walker Street
5.4 CITY-ST-ZIP Lake Wales, Fla. 33853
6.1 TITLE D
6.2 NAME Robert Johnson
6.3 STREET ADDRESS 212 "D" Street
6.4 CITY-ST-ZIP Lake Wales, Fla. 33853

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.

CR2E037 (10/97)