

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N44189

(1)

NORTHWEST QUADRANT COMMUNITY HEALTH CENTER, INC.



Principal Place of Business 5375 VERNON RD. JACKSONVILLE FL 32209 US	Mailing Address 5375 VERNON RD. JACKSONVILLE FL 32209 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 05/18/1995	4. FEI Number 59-3141255	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JOHNSTON, BARBARA MARTIN, ADE, BIRCHFIELD & MICKLER, P.A. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 installing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FLOWERS, ROBERT 6720 W. VIRGINIA COURT JACKSONVILLE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D EPPS, FRANCINA P. O. BOX 9092 JACKSONVILLE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	R MATTHEWS, ANGELA 679 E. 9TH ST JAX FL	3.1 TITLE	D
NAME		3.2 NAME	ROBINSON, PERRY JR.
STREET ADDRESS		3.3 STREET ADDRESS	5603 SILVERDALE AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	R PARSONS, DEBORAH X 5852 VERNON RD JAX FL	4.1 TITLE	D
NAME		4.2 NAME	GOODE, ROBERTA
STREET ADDRESS		4.3 STREET ADDRESS	5020 CLEVELAND ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	R PETTIS, JEAN 218 W. ADAMS ST. STE 300 JAX FL	5.1 TITLE	VD
NAME		5.2 NAME	PETTIS, JEAN
STREET ADDRESS		5.3 STREET ADDRESS	218 W. ADAMS STREET SUITE 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D CARTER, LEWIS JAMES I 4302 NOTTER ST. JACKSONVILLE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date _____ Daytime Phone # _____

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7.1	TITLE	D
7.2	NAME	BAKER, HENRY
7.3	STREET ADDRESS	617 WEST 44TH STREET
7.4	CITY-ST-ZIP	JACKSONVILLE, FL 32208
8.1	TITLE	SD
8.2	NAME	FOWLER, SARAH
8.3	STREET ADDRESS	604 N. HOGAN STREET
8.4	CITY-ST-ZIP	JACKSONVILLE, FL 32202
9.1	TITLE	D
9.2	NAME	BILLINGSLEA-HARTLEY, GLORYA
9.3	STREET ADDRESS	500 ACME STREET #102
9.4	CITY-ST-ZIP	JACKSONVILLE, FL 32211
10.1	TITLE	D
10.2	NAME	JAMES, ISIAH JR.
10.3	STREET ADDRESS	9026 CAMSHIRE DRIVE
10.4	CITY-ST-ZIP	JACKSONVILLE, FL 32244
11.1	TITLE	D
11.2	NAME	ROBERTS, BARNEY
11.3	STREET ADDRESS	P.O. BOX 43441
11.4	CITY-ST-ZIP	JACKSONVILLE, FL 32203
12.1	TITLE	D
12.2	NAME	ROBINSON, EDWARD JR.
12.3	STREET ADDRESS	3620 CLYDE DRIVE
12.4	CITY-ST-ZIP	JACKSONVILLE, FL 32208
13.1	TITLE	D
13.2	NAME	ROWELL, LATRECE
13.3	STREET ADDRESS	4968 PRINCELY AVENUE
13.4	CITY-ST-ZIP	JACKSONVILLE, FL 32208
14.1	TITLE	D
14.2	NAME	VROON, ANTON M.D.
14.3	STREET ADDRESS	939 EAST CARLOTTA ROAD
14.4	CITY-ST-ZIP	JACKSONVILLE, FL 32211
15.1	TITLE	TD
15.2	NAME	WILLIAMSON, PERCY
15.3	STREET ADDRESS	8544 ANDALOMA STREET
15.4	CITY-ST-ZIP	JACKSONVILLE, FL 32211