

# 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 # N48650**

1. Corporation Name

Resident Initiative Council of Northwood  
Village, Inc.

Principal Place of Business

Mailing Address

1200 Ninth Street  
Daytona Beach, FL 32117

1200 Ninth Street  
Daytona Beach, FL 32117

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

4/27/1992

4/23/95

4. FEI Number

Applied For

59-3162201

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

Angelia Lewis  
1200 Ninth Street #41  
Daytona Beach, FL 32117

81 Name

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

83

84 City

FL

85 Zip Code

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

*Ruth Cash*

Signature typed or printed name of registered agent and title of application

(NOTE: Registered Agent Signature required when re-statuting)

5/01/94

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/>	President	<input type="checkbox"/> DELETE
NAME		Cash, Ruth - <i>D</i>	
STREET ADDRESS		1200 Ninth Street #42	
CITY - ST - ZIP		Daytona Beach, FL 32117	
TITLE	<input checked="" type="checkbox"/>	Vice President	<input type="checkbox"/> DELETE
NAME		Williams, Thalia - <i>D</i>	
STREET ADDRESS		1200 Ninth Street #5	
CITY - ST - ZIP		Daytona Beach, FL 32117	
TITLE	<input checked="" type="checkbox"/>	Secretary	<input type="checkbox"/> DELETE
NAME		Lewis, Angelia - <i>D</i>	
STREET ADDRESS		1200 Ninth Street #41	
CITY - ST - ZIP		Daytona Beach, FL 32117	
TITLE	<input checked="" type="checkbox"/>	Treasurer	<input type="checkbox"/> DELETE
NAME		Williams, Hattie - <i>D</i>	
STREET ADDRESS		1200 9th Street #17	
CITY - ST - ZIP		Daytona Beach, FL 32117	
TITLE	<input checked="" type="checkbox"/>	Parliamentarian	<input type="checkbox"/> DELETE
NAME		Tillman, Thomasene - <i>D</i>	
STREET ADDRESS		1200 Ninth Street #30	
CITY - ST - ZIP		Daytona Beach, FL 32117	
TITLE	<input checked="" type="checkbox"/>		<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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:

*Ruth Cash*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

5/01/94

Daytona Phone #

CR2E037 (12/95)