

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48650 (8)
1. Corporation Name
RESIDENT INITIATIVE COUNCIL OF NORTHWOOD VILLAGE, INC.

Principal Place of Business 1200 NINTH STREET DAYTONA BEACH FL 32117	Mailing Address C/O RAYMOND A. PHELAN, CPA 623 N. GRANDVIEW AVE DAYTONA BEACH FL 32118
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3. Date Incorporated or Qualified 04/27/1992	
4. FEI Number 59-3162201	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

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	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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent TILLMAN, THOMASENE 1200 NINTH STREET APT. #30 DAYTONA BEACH FL 32117	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 Thomasene Tillman Thomasene Tillman DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, ANGELIA 1200 NINTH STREET #41 DAYTONA BEACH FL 32117 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomasene Tillman 1200 Ninth Street, Apt. #30 Daytona Beach, Fl. 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, HATTIE 1200 NINTH ST. #17 DAYTONA BEACH FL 32117 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Robinson 1200 Ninth Street Daytona Beach, Fl. 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILLMAN, THOMASENE 1200 NINTH STREET #30 DAYTONA BEACH FL 32117 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Angela Robinson 1200 Ninth Street, Apt. 21 Daytona Beach, Fl. 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Hattie Williams 1200 Ninth Street, Apt. #17 Daytona Beach, Fl. 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Parliamentarian/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Scott 1200 Ninth Street, Apt. 46 Daytona Beach, Fl. 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Thomasene Tillman 4/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000060

CR2E037 (10/97)