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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 02, 2001 8:00 am Secretary of State DOCUMENT # N48650 1. Entity Name 05-23-2001 91153 011 \*\*\*\*61.25 RESIDENT INITIATIVE COUNCIL OF NORTHWOOD VILLAGE Principal Place of Business Mailing Address Tillmon, Thomasene RIC Offfce 1200 Ninth Street Daytona Beach, F1, 32117 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Ziο Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Tillmon. Thomasene 1200 Ninth S&reet Daytona Beach, fl. 32117 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE TITLE President\_Ms. Tomasene Till mon \_\_n NAME NAME 30 Nathaniel Jenkins Circle STREET ADDRESS STREET ADJUKESS Daytona Beach, Florida 32117 CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition 🔲 ☐ Delete TIFLE TITLE VP-Ms. Juanita Jones \_ D NAME NAME 52 Bernard W.Smith Circle STREET ADDRESS STREET ADDRESS Daytona Beach, Fl. 32117 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change freasurer-Ms. Hattie Williams Determ TITLE TITLE MAME MANAE 17 Dufferin Harris Circle STREET ADDRESS STREET ADDRESS Daytona Beach, Fl. 32117 CITY-ST-ZIP CITY-SY-ZIP Secretary-Ms. Janice Bell\_-D Doles ☐ Addition ☐ Change TITLE 43 Nathaniel Jenkins Circle HALLE NAME STREET ADDRESS STREET ADDRESS Daytona Beach, FL 33117 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE Parlia mentarian NAME NAME Mr. Walter Scott -D STREET ADDRESS STREET ADDRESS 46 Bernard w. Smith Sr. Circle CITY-ST-ZIP CITY-ST-ZIP Daytona Beach, FE. 32114 Addition Change TIFLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that missignature shall have the same legal effect as if made under oath; that I am an officer or director of the receiver or trustee empowered to execute this report a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if