
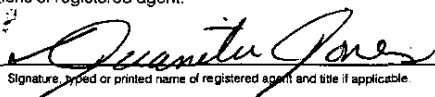
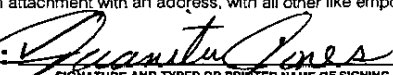


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90425 028 \*\*\*\*61.25

<b>DOCUMENT # N48650</b> 1. Entity Name <b>RESIDENT INITIATIVE COUNCIL OF NORTHWOOD VILLAGE, INC.</b>					
Principal Place of Business <b>1200 NINTH STREET DAYTONA BEACH, FL 32117</b>				Mailing Address <b>1200 NINTH STREET DAYTONA BEACH, FL 32117</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3162201</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TILLMAN, THOMASENE 1200 NINTH STREET APT. #30 DAYTONA BEACH, FL 32117</b>				7. Name and Address of New Registered Agent Name <b>Jones, Juanita</b> Street Address (P.O. Box Number is Not Acceptable) <b>52 BERNARD W. SMITH CIRCLE</b> City <b>DAYTONA BEACH</b> FL <b>32117</b>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  <span style="float: right;">4/26/03</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JONES, JUANITA MRS</b> <input checked="" type="checkbox"/> Delete <b>1200 NINTH ST DAYTONA BEACH, FL 32117</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JONES, JUANITA</b> <b>52 BERNARD W. SMITH CIRCLE DAYTONA BEACH, FL 32117</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete <b>WILLIAMS, HATTIE</b> <b>1200 NINTH ST.#17 DAYTONA BEACH, FL 32117</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WESLEY, MINNIE</b> <b>49 BERNARD W. SMITH CIRCLE DAYTONA BEACH, FL 32117</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <b>TILLMAN, THOMASENE</b> <b>1200 NINTH STREET #30 DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>PAULK, DENISE</b> <b>41 BISHOP BUTTS CIRCLE DAYTONA BEACH, FL 32117</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>PAULK, DENISE</b> <b>41 NATHANIEL CIRCLE DAYTONA BEACH, FL 32114</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>WILLIAMS, HATTIE</b> <b>17 DUFFERIN HARRIS CIRCLE DAYTONA BEACH, FL 32117</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARLIAMENTARIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>McCRAE, ELIZABETH</b> <b>28 DUFFERIN HARRIS CIRCLE DAYTONA BEACH, FL 32117</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			Date <b>4/26/03</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					