


FILE NOW. FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90031 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000005803</b>					
1. Corporation Name <b>PWFCID, INCORPORATED</b>					
Principal Place of Business 2666 SHANNON STREET ORANGE PARK FL 32965			Mailing Address 2666 SHANNON STREET ORANGE PARK FL 32965		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>12/30/1993</b> 4. FEI Number <b>59-3290602</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
9. Name and Address of Current Registered Agent <b>TINNEY, MATTHEW JR</b> <b>1048 ENNISON ST</b> <b>GREEN COVE SPRINGS FL 32043</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>AWINE, PATRICK</b> STREET ADDRESS <b>2624 SHOPRSBURG COURT</b> CITY-ST-ZIP <b>MIDDLEBURG FL</b>			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>ROOSEVELT PAIGE</b> 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>HAMPSHIRE, FELECIA</b> STREET ADDRESS <b>508 FRANKLIN ST</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>C</b> <input type="checkbox"/> DELETE NAME <b>HENRY, MICHAEL</b> STREET ADDRESS <b>703 MILL ST</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>BATTLES, CHARLES</b> STREET ADDRESS <b>407 PALM ST</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>DOUGLAS, FRED</b> STREET ADDRESS <b>PO BOX 742 N/A</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>HAMPSHIRE, CLARENCE</b> STREET ADDRESS <b>508 FRANKLIN STREET</b> CITY-ST-ZIP <b>GREEN COVE SPRINGS FL 32043</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/98)