

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90040 029 ****61.25

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1. Corporation Name

GREATER NORTHWEST QUADRANT ASSOC., INC.

4/0366 - 90040 - 29

Principal Place of Business

312 W 8TH ST
JACKSONVILLE FL 32206

Mailing Address

312 W 8TH ST
JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/06/1994

4. FEI Number

59-0941425

Applied For

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

9. Name and Address of Current Registered Agent

BROWN, PHILLIP
312 W 8TH ST
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE DP
NAME BROWN, PHILLIP
STREET ADDRESS 312 W 8TH ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D
NAME BROWN, DEBRA L
STREET ADDRESS 1342 MARLEE RD.
CITY-ST-ZIP SWITZERLAND FL 32259

TITLE DS
NAME GOINS, ANNETTE
STREET ADDRESS 1303 LAURA ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D
NAME DAVIS, CAROL
STREET ADDRESS 314 W 6TH ST
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE D
NAME LEWIS, VERONICA
STREET ADDRESS 4450 WILL SCARLET RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D
NAME KANAWATI, DINA
STREET ADDRESS 8789 SOUTHWEST BLVD., #2007
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

1.1 TITLE DV
1.2 NAME Ramona Colley
1.3 STREET ADDRESS PO Box 14277
1.4 CITY-ST-ZIP JACK FL 32238

2.1 TITLE D
2.2 NAME Eriqas Johnson
2.3 STREET ADDRESS 1429 Pearl PO Box 1612
2.4 CITY-ST-ZIP Jacksonville, FL 32201

3.1 TITLE D
3.2 NAME Linda Jackson
3.3 STREET ADDRESS 312 W 8th St
3.4 CITY-ST-ZIP JACK FL 32206

4.1 TITLE D
4.2 NAME Yang Yang
4.3 STREET ADDRESS 653 Galter St Suite 105
4.4 CITY-ST-ZIP St Paul, MN 55013

5.1 TITLE D
5.2 NAME Melvin Freeman
5.3 STREET ADDRESS 312 W 8th St
5.4 CITY-ST-ZIP JACK FL 32206

6.1 TITLE D
6.2 NAME Larry Floyd
6.3 STREET ADDRESS 1595 W 13th St
6.4 CITY-ST-ZIP JACK FL 32209

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)