

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000003323

1. Entity Name

GREATER NORTHWEST QUADRANT ASSOC., INC.



FILED

04 MAR -9 AM 7:43

SEC. OF STATE  
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0941425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

BROWN, PHILLIP  
312 W 8TH ST  
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE DS  
NAME JACKSON, LINDA S  
STREET ADDRESS 2121 N DAVIS  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE D  
NAME BROWN, JAMES M  
STREET ADDRESS P.O. BOX 72-  
CITY-ST-ZIP SUMMERLAND CA 93067 ☐ Delete

TITLE D  
NAME BROWN, JOHN PHILLIP  
STREET ADDRESS 3449 SOUTHWEST SR 26  
CITY-ST-ZIP TRENTON FL 32693 ☐ Delete

TITLE D  
NAME FREEMAN, MELVIN  
STREET ADDRESS PERRY STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Delete

TITLE D  
NAME BOLDEN, ANNETTE  
STREET ADDRESS 4839 MONCRIEF RD #7  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300030328823  
CITY-ST-ZIP 03/12/04--01015--001 \*\*211.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Phillip Brown

3-8-04

Date

Daytime Phone #

904 353 4956