

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90053 030 \*\*\*\*70.00

04-27-1999 90140 019 \*\*\*\*69.90

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N98000004088**

1. Corporation Name  
**W.D.N. Economic Development, INC.**

Principal Place of Business <b>Peaceful M.B. Church Inc.</b> <b>2230 ALIBABA AVE.</b> <b>OPA LOCKA FLA. 33054</b>	Mailing Address <b>W.D.N. Economic Development, INC.</b> <b>2230 ALIBABA AVE.</b> <b>OPA LOCKA FLA. 33054</b>
--	--

2. Principal Place of Business 21 <b>2230 ALIBABA AVE.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>2230 ALIBABA AVE</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>July 13, 1998</b> 4. FEI Number <b>65-0846216</b> Applied For Not Applicable
City & State 23 <b>OPA-LOCKA, FL, Dade</b> Zip County 24 <b>33054</b> 25 <b>Dade</b>	City & State 28 <b>OPA LOCKA, FLA.</b> Zip Country 29 <b>33054</b> 30 <b>Dade</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <b>Rev. Willie J. Nelson</b> <b>3770 N.W. 197 ST.</b> <b>CAROL CITY, FLA. 33055</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: **Rev. Willie J. Nelson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HOWELL, ANNETTE</b>		1.2 NAME	
STREET ADDRESS <b>2230 ALIBABA AVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>OPA LOCKA FLA. 33054</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>NEILON, HARRIET</b>		2.2 NAME	
STREET ADDRESS <b>2230 ALIBABA AVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>OPA-LOCKA, FLA. 33054</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>NEILON, WILLIE J. Rev.</b>		3.2 NAME	
STREET ADDRESS <b>2230 ALIBABA AVE.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OPA-LOCKA FLA 33054</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>SOPHIA C. NELSON</b>		4.2 NAME	
STREET ADDRESS <b>2230 ALIBABA AVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>OPA LOCKA FLA 33054</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME <b>BROWN, LORETHA</b>		5.2 NAME	
STREET ADDRESS <b>2230 ALIBABA AVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OPA LOCKA FLA. 33055</b>		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE: **Rev. Willie J. Nelson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(305) 625-0898**

CR2E037 (11/98)