

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 004 ****70.00

DOCUMENT # N98000004088

1. Entity Name
W.J.N. ECONOMIC DEVELOPMENT, INC.



Principal Place of Business
WIN ECONOMIC DR
3770 N.W. 197 STREET
CAROL CITY, FL 33055

Mailing Address
WIN ECONOMIC DR
3770 N.W. 197 STREET
CAROL CITY, FL 33055

24085880



09092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 65-0846216 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

NELSON, WILLIE J REV
3770 NW 197ST
CAROL CITY, FL 33055

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COWING, BILL 2230 ALI BABA AVENUE OPA-LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NELSON, HARRIET 2230 ALI BABA AVENUE OPA-LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD NELSON, WILLIE J REV. 2230 ALI BABA AVENUE OPA-LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NELSON, SOPHIA C 2230 ALIBABA AVE OPA LOCKA, FL 33054 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD POOLE, JAMES 2230 ALIBABA AVE OPA LOCKA, FL 33055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Rev. Willie J. Nelson* *Director* *Sept 19, 2004 (305) 620-8285*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #