

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM  
Secretary of State

DOCUMENT # 642492

1. Entity Name

NORTHSIDE CENTER FOR CREATIVE LEARNING, INC.



Principal Place of Business

3534 WINTON DRIVE  
JACKSONVILLE FL 32208  
US

Mailing Address

6556 KINLOCKE DRIVE WEST  
JACKSONVILLE FL 32219  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-1957249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBSON, PATRICIA LYNNE  
3534 WINTON DRIVE  
JACKSONVILLE FL

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPJ ☐ Delete  
NAME DOBSON, PATRICIA LYNNE  
STREET ADDRESS 6556 KINLOCKE DR W.  
CITY - ST - ZIP JACKSONVILLE FL 32219

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U000000065952  
CITY - ST - ZIP 02/25/04-80058-013 150.00

TITLE D ☐ Delete  
NAME HOLT, MAE T  
STREET ADDRESS 6925 CARTIER CIR  
CITY - ST - ZIP JACKSONVILLE FL 32219

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

TITLE D ☐ Delete  
NAME DOBSON, ERICA D.  
STREET ADDRESS 6556 KINLOCKE DRIVE WEST  
CITY - ST - ZIP JACKSONVILLE FL 32219-3805

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

TITLE DSDT ☐ Delete  
NAME HALL, ERIN C. DOBSON  
STREET ADDRESS 6556 KINLOCKE DRIVE WEST  
CITY - ST - ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 607, 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

Date

Daytime Phone #

02/21/04 904-764-2474