2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 642492

1. Entity Name
NORTHSIDE CENTER FOR CREATIVE LEARNING, INC.

Principal Place of Business	Mailing Address
3534 WINTON DRIVE JACKSONVILLE, FL 32208 US	6556 KINLOCKE DRIVE WEST JACKSONVILLE, FL 32219 US

DO NOT WRITE IN THIS SPACE

02192008 No Chg-P CR2E034 (11/05)

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

DOBSON, ERIN C
6556 KINLOCKE DR. WEST
JACKSONVILLE, FL 32219

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPJ
NAME	DOBSON, ERIN C
STREET ADDRESS	6556 KINLOCKE DR W.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	DV
NAME	DOBSON, PATRICIA L
STREET ADDRESS	6556 KINLOCKE DR. WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	DSDT
NAME	DOBSON, ERICA D.
STREET ADDRESS	6556 KINLOCKE DRIVE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 322193805
TITLE	D
NAME	BLOUNT, SELENA M
STREET ADDRESS	5726 PEARL STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: Patricia L Dobson 19 FEB 2008 904-764-2494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #