

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642492

FILED
Feb 24, 2009
Secretary of State

Entity Name: NORTHSIDE CENTER FOR CREATIVE LEARNING, INC.

Current Principal Place of Business:

3534 WINTON DRIVE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

6556 KINLOCKE DRIVE WEST
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-1957249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPJ () Delete
Name: DOBSON, ERIN C
Address: 6556 KINLOCKE DR W.
City-St-Zip: JACKSONVILLE, FL 32219

Title: DV () Delete
Name: DOBSON, PATRICIA L
Address: 6556 KINLOCKE DR. WEST
City-St-Zip: JACKSONVILLE, FL 32219

Title: DSDT () Delete
Name: DOBSON, ERICA D.
Address: 6556 KINLOCKE DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 322193805

Title: D () Delete
Name: BLOUNT, SELENA M
Address: 5726 PEARL STREET
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIN DOBSON

DPJ

02/24/2009

Electronic Signature of Signing Officer or Director

Date