

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 642492

FILED  
Feb 20, 2012  
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 (X)**

**Name and Address of Current Registered Agent:**

DOBSON, PATRICIA L  
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

**OFFICERS AND DIRECTORS:**

Title: DPJ  
Name: DOBSON, PATRICIA L  
Address: 6556 KINLOCKE DR W.  
City-St-Zip: JACKSONVILLE, FL 32219

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

Title: DSDT  
Name: PATRICIA L DOBSON  
Address: 6556 KINLOCKE DR W.  
City-St-Zip: JACKSONVILLE, FL 32219

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA L. DOBSON

DPJ

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date