


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90029 015 ****61.25

DOCUMENT # 738541	
1. Entity Name JAX NORTHSIDE CLUB, INC.	

Principal Place of Business 7944 SMYRNA STREET JACKSONVILLE, FL 32209	Mailing Address 7944 SMYRNA STREET JACKSONVILLE, FL 32209
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1760893	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WILLIAMS, ALICE 426 WEST 26TH STREET JACKSONVILLE, FL 32206	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SINCLAIR 931 W 29TH ST JACKSONVILLE, FL 32209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLER, FRED 4003 CLYDE DRIVE JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENCY, BARBARA 2915 RIBAUT SCENIC DRIVE JACKSONVILLE, FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, ALICE S 426 WEST 26TH STREET JACKSONVILLE, FL 32206 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNIS, ALVIN 2401 JAMES ROAD JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, EMANUEL 2133 WEST 40TH STREET JACKSONVILLE, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Muller Samuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9201 Altamont Ave. W. Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMILTON, Feltor, SA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1649 Chatham Rd Jacksonville, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	White Sinclair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5722 Silver Plaza Jacksonville, FL 32208 VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 *Alice S. Williams* *Alice S. Williams* **1/10/06** **904-353-8972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #