2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State
08-25-2008 90005 046 ****61.25

DOCUMENT # 738541

1. Entity Name
JAX NORTHSIDE CLUB, INC.

Principal Place of Business	Mailing Address
7944 SMYRNA STREET JACKSONVILLE, FL 32209	7944 SMYRNA STREET JACKSONVILLE, FL 32209

06132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1760893 ☐ 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
WILLIAMS, ALICE 426 WEST 26TH STREET JACKSONVILLE, FL 32206	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DENNIS, ALVIN 6939 BERNAY AVE JACKSONVILLE, FL 32205	☐ Delete	Robert Flowers 6720 West Virginia Ave. Jax. Fla. 32209	☑ Change ☐ Addition Pres.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCCLENDON, LEVI 6455 ARYGLE FOREST BLVD, APT 1308 JACKSONVILLE, FL 32244	☑ Delete	Felton Hamilton, Sr. 1649 Chatham Road Jax Fla. 32208	☑ Change ☐ Addition V. Pres.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, ALICE 426 WEST 26TH STREET JACKSONVILLE, FL 32206	☐ Delete	Same	☐ Change ☐ Addition Treas
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM JAMES, EMANUEL 2133 40TH STREET JACKSONVILLE, FL 32209	☐ Delete	James Emanuel 2133 40th Street Jax. Fla. 32209	☑ Change ☐ Addition See
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM MULLER, SAMUEL 9201 ALTAMONT AVE W JACKSONVILLE, FL 32208	☐ Delete	Muller Samuel 9201 Altamont Ave. W. Jax Fla. 32208	☐ Change ☐ Addition BM
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM FLOWERS, ROBERT 6720 WEST VIRGINIA AVE JACKSONVILLE, FL 32209	☐ Delete	White, Sinclair 1242 West 32nd Street Jax Fla. 32209	☐ Change ☐ Addition BM

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 Williams July 22, 08 904-353-8972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #