

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 738541

FILED
Oct 13, 2009
Secretary of State

Entity Name: JAX NORTHSIDE CLUB, INC.

Current Principal Place of Business:

7944 SMYRNA STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

7944 SMYRNA STREET
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-1760893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, ALICE
426 WEST 26TH STREET
JACKSONVILLE, FL 32206 US

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: ALICE WILLAMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BM () Delete
Name: WHITE, SINCLAIR
Address: 1242 WEST 32ND STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: HAMILTON, FELTON SR
Address: 6455 ARYGLE FOREST BLVD, APT 1308
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: WILLIAMS, ALICE
Address: 426 WEST 26TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: S () Delete
Name: JAMES, EMANUEL
Address: 2133 40TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: BM () Delete
Name: MULLER, SAMUEL
Address: 9201 ALTAMONT AVE W
City-St-Zip: JACKSONVILLE, FL 32208

Title: P () Delete
Name: FLOWERS, ROBERT
Address: 6720 WEST VIRGINIA AVE
City-St-Zip: JACKSONVILLE, FL 32209

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELTON HAMILTON SR.

VP

10/13/2009

Electronic Signature of Signing Officer or Director

Date