

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738541

FILED
Feb 24, 2011
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 ()

Name and Address of Current Registered Agent:

WILLIAMS, ALICE
426 WEST 26TH STREET
JACKSONVILLE, FL 32206 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: BM
Name: WHITE, SINCLAIR
Address: 3730 SUTEL DR.APT.2201
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP
Name: HAMILTON, FELTON SR
Address: 1649 CHATHAM ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: S
Name: DENNIS, ALVIN
Address: 5226 BUICK AVE.
City-St-Zip: JACKSONVILLE, FL 32209

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

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

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

SIGNATURE: FELTON HAMILTON SR.

VP

02/24/2011

Electronic Signature of Signing Officer or Director

Date