

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 761355 (7)**

1. Corporation Name

**EASTSIDE BROTHERHOOD CLUB, INC.**



Principal Place of Business

**917 FLORIDA AVE  
JACKSONVILLE FL 32206  
US**

Mailing Address

**1042-E 12TH STREET  
JACKSONVILLE FL 32206  
US**

3. Date Incorporated or Qualified

**01/07/1982**

3a. Date of Last Report

**02/15/1995**

4. FEI Number

**59-2537604**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THOMAS, J. D.  
1042 E. 12TH STREET  
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title in plain text

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILTON, FREEMAN	
STREET ADDRESS	8120 RAMSGATE ROAD	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JACOB	
STREET ADDRESS	2820 BEGONIA RD.	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, THEODORE	
STREET ADDRESS	1147 PHELPS STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BACKMAN, EARL	
STREET ADDRESS	1724 GARDEN CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CHARLEY	
STREET ADDRESS	1102 PIPPIN STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS J.D.	
STREET ADDRESS	1042 E 12TH ST	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	EARL C. BACKMAN
43 STREET ADDRESS	1724 GARDEN ST.
44 CITY - ST - ZIP	JACKSONVILLE, FL - 32209
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Joseph Alexander Jr
53 STREET ADDRESS	1149-E-UNION ST.
54 CITY - ST - ZIP	JACKSONVILLE FL.
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. D. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-'96 355-9418  
Date Daytime Phone #

CR2E037 (12/95)