

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90013 020 ****61.25

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DOCUMENT # 761355

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



2. Principal Place of Business

21 **917 - A-Philip Randolph**

Suite, Apt. #, etc.

22 **BLVD.**

City & State

23 **JACKSONVILLE FL.**

Zip

24 **32206**

Country

25 **US**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29 **DOVAL**

Country

30

3. Date Incorporated or Qualified

01/07/1982

4. FEI Number

59-2537604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
MILTON, FREEMAN
STREET ADDRESS **8120 RAMSGATE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 0**

TITLE ☐ DELETE

NAME **VD**
JOHNSON, JACOB
STREET ADDRESS **2820 BEGONIA RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 0**

TITLE ☐ DELETE

NAME **SD**
BROWN, THEODORE
STREET ADDRESS **1138 RADIS PL**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **TD**
BACKMON, EARL C.
STREET ADDRESS **1724 GARDEN CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
ALEXANDER, JOSEPH JR
STREET ADDRESS **1149 E UNION ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D**
THOMAS J.D.
STREET ADDRESS **1042 E 12TH ST**
CITY-ST-ZIP **JACKSONVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. D. Thomas 1-5-99 904-3559410

CR2E037 (11/98)