


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # 761355</b>   |  |  |
| 1. Entity Name<br><b>EASTSIDE BROTHERHOOD CLUB, INC.</b>   |  |   |
| Principal Place of Business<br><b>917 A PHILIP RANDOLPH BLVD.<br/>JACKSONVILLE FL 32206<br/>US</b> |  | Mailing Address<br><b>1042-E 12TH STREET<br/>JACKSONVILLE FL 32206<br/>US</b>     |



1st MOORE CR2E037 (10/04)

|                                |         |                     |         |   |  |   |  |
|--------------------------------|---------|---------------------|---------|---|--|---|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-2537604</b>                        |  | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   |  |   |  |
| City & State                   |         | City & State        |         |   |  |   |  |
| Zip                            | Country | Zip                 | Country | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required   |  |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent                                    |  |  |  | 7. Name and Address of New Registered Agent  |  |  |  |
| <b>THOMAS, J. D.</b><br><b>1042 E. 12TH STREET</b><br><b>JACKSONVILLE FL 32206</b> |  |  |  | Name   |  |  |  |
|  |  |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |
|  |  |  |  | City   |  |  |  |
|  |  |  |  | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |  |

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 *J. D. Thomas* DATE 4/04/05  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MILTON, FREEMAN<br>8120 RAMSGATE ROAD<br>JACKSONVILLE, FL 0 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>JOHNSON, JACOB<br>2820 BEGONIA RD.<br>JACKSONVILLE, FL 0    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BROWN, THEODORE<br>1138 RADIS PL<br>JACKSONVILLE FL         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BACKMON, EARL C.<br>1724 GARDEN CIRCLE<br>JACKSONVILLE FL   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALEXANDER, JOSEPH JR<br>1149 E UNION ST<br>JACKSONVILLE FL   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THOMAS J.D.<br>1042 E 12TH ST<br>JACKSONVILLE FL             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

U0000029264E  
04/07/05-80077-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J.D. THOMAS* DATE 4/04/05 353-6362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR