

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90024 044 \*\*\*\*61.25

**DOCUMENT # 761355**

1. Entity Name

EASTSIDE BROTHERHOOD CLUB, INC.



Principal Place of Business

917 A PHILIP RANDOLPH BLVD.  
JACKSONVILLE FL 32206  
US

Mailing Address

1042-E 12TH STREET  
JACKSONVILLE FL 32206  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2537604

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE PD ☒ Change ☐ Addition  
NAME JOHNSON Jacob  
STREET ADDRESS 2820 BEGONIA RD  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE VD ☒ Change ☐ Addition  
NAME Graham Mation  
STREET ADDRESS 900 A. PHILIP RANDOLPH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32206

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TD ☒ Change ☐ Addition  
NAME Keyes WILLIE  
STREET ADDRESS 4119 LEONARD CT. WEST  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

3-13-06

904-355-9418