2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 761355

Entity Name: EASTSIDE BROTHERHOOD CLUB, INC.

Current Principal Place of Business:

917 A PHILIP RANDOLPH BLVD.
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

Current Mailing Address:

1042-E 12TH STREET
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-2537604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, J. D.
1042 E. 12TH 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: PD ( ) Delete
Name: BROWN, THEODORE
Address: 1138 RADIS PL
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD ( ) Delete
Name: GRAHAM, MARION
Address: 900 A. PHILIP RANDOLPH ROAD
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD ( ) Delete
Name: BROWN, THEODORE
Address: 1138 RADIS PL
City-St-Zip: JACKSONVILLE, FL

Title: TD ( ) Delete
Name: KEYES, WILLIE
Address: 4119 LEONARD CT WEST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: ALEXANDER, JOSEPH JR
Address: 11318 LAMBORGHINI CT.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: THOMAS J.D.
Address: 1042 E 12TH ST
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES D. THOMAS D 04/30/2009

Electronic Signature of Signing Officer or Director — Date