

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Aug 16 1996 8:00 am
 Secretary of State

DOCUMENT # 763584 (0)
 1. Corporation Name
 NORTHSIDE ATHLETIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
 13410 DUNN CREEK ROAD 13410 DUNN CREEK ROAD
 P. O. BOX 28115 P. O. BOX 28115
 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218

3. Date Incorporated or Qualified 06/07/1982 3a. Date of Last Report 04/04/1995
 4. FEI Number NOT APPLICABLE 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
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 SHOUP, ROBERT
 12888 YELLOW BLUFF RD
 JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent
 81 Name JACK E. WADE SR.
 82 Street Address (P.O. Box Number is Not Acceptable) 2161 ELISE RD.
 83
 84 City YULEE FL 85 Zip Code 32097

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 *Jack E. Wade Sr.* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	SHOUP, ROBERT	1.2 NAME
STREET ADDRESS	12888 YELLOW BLUFF RD	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP
TITLE	VD	2.1 TITLE
NAME	WADE, JACK E	2.2 NAME
STREET ADDRESS	275 ELISE ROAD SOUTH	2.3 STREET ADDRESS
CITY-ST-ZIP	YULEE FL	2.4 CITY-ST-ZIP
TITLE	TD	3.1 TITLE
NAME	MORRIS, MELINDA	3.2 NAME
STREET ADDRESS	11541 YOUNG RD	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP
TITLE	S	4.1 TITLE
NAME	NETTLE, LOIS	4.2 NAME
STREET ADDRESS	2620 SETTLEMENT RD	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE ~~PROPOSED~~
 1.2 NAME JACK E. WADE SR. (D)
 1.3 STREET ADDRESS 2161 ELISE RD.
 1.4 CITY-ST-ZIP YULEE FLA. 32097
 2.1 TITLE ~~VD~~
 2.2 NAME DAVID EDWARDS (D)
 2.3 STREET ADDRESS 11839 LEAFDALE CIR. E.
 2.4 CITY-ST-ZIP JAN FLA 32218
 3.1 TITLE ~~TD~~
 3.2 NAME KATHY L. WADE (D)
 3.3 STREET ADDRESS 2161 ELISE RD.
 3.4 CITY-ST-ZIP YULEE FLA 32097
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 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: *Jack E. Wade Sr.* 7-6-96 904-225-2752
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 05/8/16/96 0001985

CR2E037 (3/96)