

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90132 035 \*\*\*\*61.25



**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # 763584**

1. Corporation Name  
**NORTHSIDE ATHLETIC ASSOCIATION, INC.**

Principal Place of Business 13410 DUNN CREEK ROAD P. O. BOX 28115 JACKSONVILLE FL 32218	Mailing Address 13410 DUNN CREEK ROAD P. O. BOX 28115 JACKSONVILLE FL 32218
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2. Principal Place of Business 21	2a. Mailing Address 26 <b>PO Box 28115</b>	3. Date Incorporated or Qualified <b>06/07/1982</b>
-Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>NOT APPLICABLE</b>
City & State 23	City & State <b>Jax FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Zip <b>32226</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WADE, JACK E SR 2161 ELISE RD YULEE FL 32097</b>	10. Name and Address of New Registered Agent 81 Name <b>David Edwards</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11839 Leafdale Cir E</b> 83 84 City <b>Jax - FL</b> 85 Zip Code <b>32218</b>
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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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WADE, JACK E</b>		1.2 NAME <b>David Edwards</b>	
STREET ADDRESS <b>2161 ELISE RD</b>		1.3 STREET ADDRESS <b>11839 Leafdale Cir E</b>	
CITY-ST-ZIP <b>YULEE FL 32097</b>		1.4 CITY-ST-ZIP <b>Jax FL 32218</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>1st Vice President - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EDWARDS, DAVID</b>		2.2 NAME <b>Kevin Arnold / 13410 Dunn Creek</b>	
STREET ADDRESS <b>11839 LEAFDALE CIR E.</b>		2.3 STREET ADDRESS <b>PO Box 28115 Jax FL 32226</b>	
CITY-ST-ZIP <b>JAX FL 32218</b>		2.4 CITY-ST-ZIP <b>PO Box 28115 Jax FL 32226</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>2nd Vice President - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WADE, KATHY L</b>		3.2 NAME <b>Melinda Morris / 13410 Dunn Creek</b>	
STREET ADDRESS <b>2161 ELISE RD</b>		3.3 STREET ADDRESS <b>PO Box 28115 Jax FL 32226</b>	
CITY-ST-ZIP <b>YULEE FL 32097</b>		3.4 CITY-ST-ZIP <b>PO Box 28115 Jax FL 32226</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Secretary - D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FINE, CYNDIE</b>		4.2 NAME <b>Cheryl Sizemore / 13410 Dunn Creek</b>	
STREET ADDRESS <b>243 BAISDEN RD</b>		4.3 STREET ADDRESS <b>PO Box 28115 Jax FL 32226</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32218</b>		4.4 CITY-ST-ZIP <b>PO Box 28115 Jax FL 32226</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** 1/27/99 904 751-4070

CR2E037 (1/98)