

8/7/02

FILED
Sep 12, 2002 8:00 am
Secretary of State

08-07-2002 90184 011 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763584

1. Entity Name

NORTHSIDE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13410 DUNN CREEK ROAD
P. O. BOX 28115
JACKSONVILLE FL 32218

P.O. BOX 28115
JACKSONVILLE FL 32226

99162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

TURKNETT, BONNIE
11477 SOFORENKO DR.
JACKSONVILLE FL 32218

Name: Ann Beasley
Street Address (P.O. Box Number is Not Acceptable): 15727 Butch Baine Dr
City: Jacksonville FL Zip Code: 32218

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

Ann Beasley

Ann Beasley

9-7-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TURKNETT, BONNIE	
STREET ADDRESS	11477 SOFORENKO DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NAYLOR, LEANN	
STREET ADDRESS	13347 GROCER RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, KIM	
STREET ADDRESS	3362 ELSIE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAULERSON, TAMMY	
STREET ADDRESS	5953 HECKSCHER	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESTES, SUSAN	
STREET ADDRESS	2462 NEW BERLIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beasley, Ann	
STREET ADDRESS	15727 Butch Baine Dr.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roach, ERIC	
STREET ADDRESS	489 Starratt Rd #229	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. Clair Branch	
STREET ADDRESS	14770 Ali Mahani Trail	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T. D. Kelley, Tonda	
STREET ADDRESS	11365 Renne Dr. E	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Bledsoe, Robert	
STREET ADDRESS	11325 Vera Dr.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Ann Beasley* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02

904-251-5008

Daytime Phone #

CR2E037 (4/02)