


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90058 034 \*\*\*\*61.25

**DOCUMENT # 763584**  
 1. Entry Name  
 NORTHSIDE ATHLETIC ASSOCIATION, INC.



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

Mailing Address  
 P.O. BOX 28115  
 JACKSONVILLE, FL 32226

**66003411**



2. Principal Place of Business

3. Mailing Address  
 731 Duval Station Rd Ste 107  
 Suite, Apt. #, etc. #148  
 City & State Jacksonville, Florida  
 Zip 32218 Country USA

01142005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
 WILLIAMS, RICHARD W  
 3774 STARRATT ROAD  
 JACKSONVILLE, FL 32226

7. Name and Address of New Registered Agent  
 Name Lee, Michael  
 Street Address (P.O. Box Number is Not Acceptable)  
 13125 Dunn Creek Road  
 City Jacksonville FL Zip Code 32226

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 Michael Lee DATE 2-28-05  
Signature, typed or printed name of registered agent and date if acceptable. (NOTE: Registered Agent signature required when necessary)

Filing Fee is \$61.25 Due by May 1, 2005

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 NAME WILLIAMS, RICHARD STREET ADDRESS 3774 STARRATT ROAD CITY-ST-ZIP JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Lee, Michael STREET ADDRESS 13125 Dunn Creek Road CITY-ST-ZIP Jacksonville, Florida 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME HODGES, GINA STREET ADDRESS 7925 MERRILL ROAD CITY-ST-ZIP JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE S NAME Terrell, Elizabeth STREET ADDRESS 15550 Herbie Lane CITY-ST-ZIP Jacksonville, Florida 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME WILLIAMS, DEBORA STREET ADDRESS 3774 STARRATT ROAD CITY-ST-ZIP JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Lee, Amy STREET ADDRESS 13125 Dunn Creek Road CITY-ST-ZIP Jacksonville, Florida 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EDWARDS, DAVID STREET ADDRESS 13522 DUNN CREEK ROAD CITY-ST-ZIP JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete	TITLE D NAME Richter, David STREET ADDRESS 13245 Galway Ave CITY-ST-ZIP Jacksonville, Florida 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Amy Lee Michael Lee 1-14-05 904-751-4038  
Signature and typed or printed name of signing officer or director Date Daytime Phone #