

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# 763584

Entity Name: NORTHSIDE ATHLETIC ASSOCIATION,INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1474 ELMAR ROAD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

731 DUVAL STATION RD, STE 107  
PMB 148  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-2919514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN SICKLE, DANIEL R III  
54414 ARMSTRONG ROAD  
CALLAHAN, FL 32011 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: VAN SICKLE, DANIEL R III  
Address: 54414 ARMSTRONG ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: S ( ) Delete  
Name: VAN SICKLE, AMANDA C  
Address: 54414 ARMSTRONG ROAD  
City-St-Zip: CALLAHAN, FL 32011

Title: TD ( ) Delete  
Name: OLSON, JACQUELINE M  
Address: 623 SID DIRVE  
City-St-Zip: JACKSONVILLE, FL 32218

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TD (X) Change ( ) Addition  
Name: OLSON, JACQUELINE M  
Address: 623 SID DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

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: JACQUELINE M. OLSON

TD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date