2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 01, 2009
Secretary of State

DOCUMENT# 763584

Entity Name: NORTHSIDE ATHLETIC ASSOCIATION,INC.

Current Principal Place of Business:

1474 ELMAR ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

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:

STAFFORD, TIMOTHY E
17376 EAGLE BEND BLVD.
JACKSONVILLE, FL 32226 US

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: TIMOTHY E. STAFFORD 09/01/2009
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 (X) Delete
Name: OLSON, JACQUELINE M
Address: 623 SID DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STAFFORD, TIMOTHY E
Address: 17376 EAGLE BEND BLVD.
City-St-Zip: JACKSONVILLE, FL 32226

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

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

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 09/01/2009
Electronic Signature of Signing Officer or Director Date