

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 29 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763584**

1. Corporation Name

NORTHSIDE ATHLETIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13410 DUNN CREEK ROAD
P. O. BOX 28115

P.O. BOX 28115
JACKSONVILLE FL 32226

JACKSONVILLE FL 32218



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BEASLEY, ANN Williams, Richard	15727 BUTCH BAINE DR 3774 Starratt Rd	JACKSONVILLE FL-32218- 32226
VD	ROACH, ERIC Naylor, Greg	409 STARRATT RD #229 13353 Grover Rd	JACKSONVILLE FL-32218- 32226
S	CLAIR, BRENDA Hodges, Gina	14770 ALI MACANI TRAIL 7925 Merrill Rd	JACKSONVILLE FL 32226- 32277
TD	KELLEY, TUNDA Williams, Debora	11345 RENNE DR E 3774 Starratt Rd	JACKSONVILLE FL 32218- 32226
D	BLEDSE, ROBERT Edwards, David	11325 VERA DR 13522 Dunn Creek Rd	JACKSONVILLE FL-32218- 32226

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BEASLEY, ANN~~

~~15727 BUTCH BAINE DR~~

JACKSONVILLE FL 32218

32226

Richard Williams

Name

Richard W. Williams

Street Address (P.O. Box Number is Not Acceptable)

3774 Starratt Rd

Suite, Apt. #, Etc.

City

Jax

State

FL

Zip Code

32226

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard W. Williams
REGISTERED AGENT MUST SIGN

500024333865
10/31/03--01056--007 **236.25
Date 10/29/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Williams 10/29/03
Date Daytime Phone #