

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  
JACKSONVILLE FL 32218

P.O. BOX 28115  
JACKSONVILLE FL 32226

*[Handwritten initials]*



**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

City & State

City & State

Not Applicable

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	<del>BEASLEY, ANN</del> Williams, Richard	<del>15727 BUTCH BAINE DR</del> 3774 Starratt Rd	JACKSONVILLE FL <del>32218</del> 32226
VD	<del>ROACH, ERIC</del> Naylor, Greg	<del>489 STARRATT RD #229</del> 1335.3 Grover Rd	JACKSONVILLE FL <del>32218</del> 32226
S	<del>CLAIR, BRENDA</del> Hodges, Gina	14770 ALI MACANI TRAIL 7925 Merrill Rd	JACKSONVILLE FL <del>32226</del> 32277
TD	<del>KELLEY, TUNDA</del> Williams, Debora	<del>11345 RENNE DR E</del> 3774 Starratt Rd	JACKSONVILLE FL <del>32218</del> 32226
D	<del>BLED SOE, ROBERT</del> Edwards, David	<del>11325 VERA DR</del> 13522 Dunn Creek Rd	JACKSONVILLE FL <del>32218</del> 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~~

Richard Williams

32226

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

*[Signature of 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:

*[Signature of Richard W. Williams]* Richard Williams 10/29/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)