

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002482

FILED
Mar 31, 2009
Secretary of State

Entity Name: NORTHSIDE BUSINESS LEADERS' CHARITIES, INC.

Current Principal Place of Business:

3069 SUNSET LANDING DR
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

3069 SUNSET LANDING DR
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-2921866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, NANCY M
3069 SUNSET LANDING DR
JACKSONVILLE, FL 32226 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: P () Delete
Name: JONES, GERRI
Address: 3229 STARRATT RD
City-St-Zip: JACKSONVILLE, FL 32226

Title: 1VP () Delete
Name: FORTE, PAUL
Address: 1535 OWENS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: 2VP () Delete
Name: CAFFREY, PATRICK
Address: 15566 MOSS HOLLOW DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: RC () Delete
Name: TURNER, RAY
Address: 1426 ROWE AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: STD () Delete
Name: BURNETT, NANCY
Address: 3069 SUNSET LANDING DR
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORTE, PAUL
Address: 1535 OWENS RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: 1VP (X) Change () Addition
Name: HAMN, PATRICIA
Address: 7411 MERRILL RD
City-St-Zip: JACKSONVILLE, FL 32277

Title: 2VP (X) Change () Addition
Name: ALVAREZ, WARREN
Address: 13923 DUVAL RD
City-St-Zip: JACKSONVILLE, FL 32218

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

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: NANCY M BURNETT

STD

03/31/2009

Electronic Signature of Signing Officer or Director

Date