

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003788

FILED
Apr 07, 2008
Secretary of State

Entity Name: LIFESTYLE INCORPORATION FOR THE NORTHSIDE COMMUNITY, INC

Current Principal Place of Business:

12374 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P O BOX 77103
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 65-1224217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESHA-JACKSON, MARILYN
12374 V C JOHNSON RD
JACKSONVILLE, FL 32218 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: D () Delete
Name: PRESHA-JACKSON, MARILYN
Address: 12374 V C JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MORRIS, EVELYN A
Address: 5617 N SOPHIST CIR
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: HARTLEY, CAROLYN E
Address: 1944 W 21ST ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: C () Delete
Name: WILLIAMS, PATRICIA E
Address: 11641 TURTLE RUN COURT
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: TROY, DORIS L
Address: 8440 FINCH AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: D () Delete
Name: WILLIAMS, DEVLON S
Address: 11011 HARTS RD #401
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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: MARILYN D. PRESHA-JACKSON

ED

04/07/2008

Electronic Signature of Signing Officer or Director

Date