

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002904

FILED
Feb 24, 2009
Secretary of State

Entity Name: EASTSIDE ENVIRONMENTAL COUNCIL, INC.

Current Principal Place of Business:

1637 WALNUT STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

1637 WALNUT STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 56-2671828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, WYNETTA
1637 WALNUT STREET
JACKSONVILLE, FL 32206 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: PVPD () Delete
Name: STEWARD, LOUISE
Address: 1117 E. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: SD () Delete
Name: MCDADE, VERONICA B
Address: 320 1228 FRANKLIN
City-St-Zip: JACKSONVILLE, FL 32206

Title: TD () Delete
Name: BEAN, ANNIE
Address: 815 FRANKLIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: WRIGHT, WYNETTA
Address: 1637 WALNUT STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: HARRELL, ALISA
Address: 1032 JESSIE STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: EUBANKS, GAIL
Address: 2836 POST STREET
City-St-Zip: JACKSONVILLE, FL 32205

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
Name:
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: WYNETTA WRIGHT

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date