

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000557

FILED
May 07, 2012
Secretary of State

Entity Name: EAST SIDE STUDENT ASSISTANCE, INC.

Current Principal Place of Business:

110 NW 91ST STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

110 NW 91ST STREET
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 01-0938653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, DEBRA A
1015 SW 106 PLACE
MICANOPY, FL 32667 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
Name: JACKSON, DEBRA A
Address: 1015 SW 106 PLACE
City-St-Zip: MICANOPY, FL 32667

Title: SD
Name: JONES, TENNESSEE L
Address: 110 NW 91ST STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: TD
Name: NIBLACK, EVELYN
Address: 1680 SE 32ND STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: ASD
Name: FIELDS, DEBBIE
Address: 1920 SE 39TH TERRACE
City-St-Zip: GAINESVILLE, FL 32641

Title: D
Name: WRIGHT, THOMAS A
Address: 2100 NW 21ST STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: D
Name: MCDADE-GORDON, BARBARA E
Address: PO BOX 112080
City-St-Zip: GAINESVILLE, FL 32611

I hereby 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 all other like empowered.

SIGNATURE: DEBRA JACKSON

D

05/07/2012

Electronic Signature of Signing Officer or Director

Date