


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90433 029 \*\*\*\*61.25

<b>DOCUMENT # N22595</b> 1. Entity Name <b>NORTHSIDE BUSINESS LEADERS CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 28554 JACKSONVILLE, FL 32226</b>			Mailing Address <b>P O BOX 28554 JACKSONVILLE, FL 32208 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2921866</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BURNETT, NANCY M 3069 SUNSET LANDING DRIVE JACKSONVILLE, FL 32226</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, NANCY M		NAME		
STREET ADDRESS	3069 SUNSET LANDING DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32226		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORTON, LEE		NAME	1ST VP JIM FAIR	
STREET ADDRESS	8500 HECKSCHER DR.		STREET ADDRESS	10106 NEW KINGS RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JANET		NAME	P JANET JOHNSON	
STREET ADDRESS	8500 200 PARKWAY		STREET ADDRESS	8500 200 PKWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	2ND VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTE, PAUL		NAME	2ND VP GERRI JONES	
STREET ADDRESS	1535 OWENS RD		STREET ADDRESS	3229 STARRATT RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASZY, GENE		NAME		
STREET ADDRESS	1222 SAN JOSE BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Nancy M. Burnett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4/21/06</i> Daytime Phone #: <i>904-757-7338</i> <i>87904 728-0236</i>		