

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35285 (8)
 1. Corporation Name
NORTHSIDE CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 26234 JACKSONVILLE FL 32226
P.O. BOX 26234 JACKSONVILLE FL 32226

3. Date Incorporated or Qualified **11/17/1989** 3a. Date of Last Report **10/13/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2998577	Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOSTWICK, VAL 1031 OCEAN BLVD. ATLANTIC BEACH FL 32233				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTWICK, VAL	1.2 NAME	
STREET ADDRESS	1031 OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP	
TITLE	1VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWLEY, JOHN	2.2 NAME	Dorothy D. Mathias
STREET ADDRESS	3530 VICTORIA PARK ROAD APT. 12	2.3 STREET ADDRESS	341 Baisden Road
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	2VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ANITA	3.2 NAME	
STREET ADDRESS	4030 IRVING ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MADELINE	4.2 NAME	
STREET ADDRESS	9209 FREDERICK STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	
TITLE	BTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULDROW, OLIVER	5.2 NAME	
STREET ADDRESS	3020 CLYDE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600001912486
STREET ADDRESS		6.3 STREET ADDRESS	-08/05/96--01036--019
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Val Bostwick* **SIGNATURE REQUIRED** 8/2/96 (904) 246-5356
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)