


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35285** (8)
1. Corporation Name
NORTHSIDE CIVIC ASSOCIATION, INC.



Principal Place of Business P.O. BOX 26234 JACKSONVILLE FL 32226	Mailing Address P.O. BOX 26234 JACKSONVILLE FL 32226-6234
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 08/05/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2998577	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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	FL 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIAS, DOROTHY D	2.2 NAME	
STREET ADDRESS	341 BAISDEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	
TITLE	2VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, ANITA	3.2 NAME	2YD
STREET ADDRESS	4030 IRVING ROAD	3.3 STREET ADDRESS	Reed, Madeline
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	9209 Frederick Street
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Jacksonville, FL 32218
NAME	REED, MADELINE	4.2 NAME	5D
STREET ADDRESS	9209 FREDERICK STREET	4.3 STREET ADDRESS	James C. Prime
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	7158 Richardson Road
TITLE	BTD <input type="checkbox"/> DELETE	5.1 TITLE	Jacksonville, FL 32209
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Director April 29, 1997 (904) 246-5856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006120

CR2E037 (9/96)