## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N35285**

Corporation Name

NORTHSIDE CIVIC ASSOCIATION, INC.

Fillicipal Flace of business
P.O. BOX 26234
JACKSONVILLE FL 32226

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

P.O. BOX 26234

JACKSONVILLE FL 32226

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

## FILED May 17, 1999 8:00 am § Secretary of State

05-17-1999 90068 038 \*\*\*\*61.25

-	.	ı

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

11/17/1989

59-2998577

4. FEI Number

Zip	Country		_	Country			6. Election Campaign Financing	' 🗆	•		∧fay Be	
24	25	29	30				Trust Fund Contribution Added to					
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Name							
BOSTWICK, VAL				82	82 Street Address (P.O. Box Number is Not Acceptable)							
								,				
1031 OCEAN BLVD. ATLANTIC BEACH FL 32233				83								
AILAMIO	BEAGIT FE 32233				015			<del>.</del>	I SET	Zip C	odo	
	v.			84	City			FL	85	Zip C	ode	
office or n	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	utho	nzed by	the corpo	corpor ration	ation submits this statement for the 's board of directors. I hereby acc	e purpose of ept the appoi	chang	ng its r as reg	egistered istered	
SIGNATURE	У	NOTE THE PERSON NAMED IN COLUMN NAMED IN COLUM	. 0		4 -1		when reinstating)	DATE				
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		:: Kegi	13.	t signature re	draise w	ADDITIONS/CHANGES TO O		D DIR	ECTO	RS IN 12	
TITLE		DIRECTORS DELETE	-1	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ПС		Addition	
	PD POOTHINGK VAL	_ 5222.4	- 1	1.2 NAME						Ū	_	
NAME	BOSTWICK, VAL		1		ADDDESS						i	
STREET ADDRESS	1007 000 01 02.5.			1.3 STREET								
CITY-ST-ZIP		LANTIC BEACH FL 32233			I-ZIP				Па	ange	Addition	
TITLE	IVD ,		ı	2.1 TITLE					٠٠ ب			
NAME	MATHIAS, DOROTHY D		1	2.2 NAME								
STREET ADDRESS	011 01 110 01 110 110		1	2.3 STREET								
CITY-ST-ZIP	JACKSONVILLE FL 32218	DELETE	-	2.4 CITY-S	T-ZIP				□ci	anne	Addition	
TITLE	2VD		- 1	3.1 TITLE						ungo		
NAME	REED, MADELINE		1	3.2 NAME								
STREET ADDRESS	RESS 9209 FREDERICK ST 3.3 S			3.3 STREET	ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL		_	3.4. CITY-S	T-ZIP						- Addition	
TITLE	SD	☐ DELETE	1	4.1 TITLE						ange	☐ Addition	
NAME	PRIME, JAMES C.		- 1	4. 2 NAME								
STREET ADDRESS	7153 RICHARDSON RD		1	4.3 STREET	ADDRESS						ì	
CITY-ST-ZIP	JACKSONVILLE FL		4	4.4 CITY-ST	r-ZIP							
TITLE	BTD	☐ DELETE		5.1 TITLE					□ c	nange	☐ Addition	
NAME	MULDROW, OLIVER			5.2 NAME								
STREET ADDRESS	3020 CLYDE DRIVE			5.3 STREET	ADORESS							
CITY-ST-ZIP	JACKSONVILLE FL 32208			5.4 CITY-S	r-ZIP							
TITLE		☐ DELETE		6.1 TITLE					□c	ange	Addition	
NAME	[ ·			6.2 NAME	l							
STREET ADDRESS				6.3 STREET	ADDRESS							
CITY-ST-ZIP				6.4 CITY-S								
14. I hereby	certify that the information supplied with t	this filing does not qualify to	r the	exempti	on stated	in Se	ction 119.07(3)(i), Florida Statutes	. I further cer	tify the	t the in	formation	

I 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 informatio 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, with all other like empowered.

SIGNATURE:

18 May 99 (904) 24L-165B

R2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

Not Applicable