


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90185 024 ****61.25

DOCUMENT # N35285			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MATHIAS, DOROTHY D 341 BAISDEN RD. JACKSONVILLE FL 32218		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIAS, DOROTHY D	NAME	
STREET ADDRESS	341 BAISDEN RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	1VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGETT, MAX H	NAME	
STREET ADDRESS	15261 YELLOW BLUFF RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	
TITLE	2V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MADELINE	NAME	
STREET ADDRESS	9945 S. ORAHOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUKE, SHIRLEY	NAME	
STREET ADDRESS	1381 CRYSTAL SANDS DR.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUILL, DAVID L	NAME	
STREET ADDRESS	15333 CAPE DRIVE SOUTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	
TITLE	CS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, BARBARA	NAME	CS ELIZABETH LEGGETT
STREET ADDRESS	2514 HIGHSMITH LANDING LANE	STREET ADDRESS	15261 YELLOW BLUFF RD.
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	JACKSONVILLE FL 32226

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1st MOORE CR2E037 (10/04)

4. FEI Number **59-2998577** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. 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 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.

SIGNATURE: Dorothy D. Mathias - Dorothy Mathias Date: 2-28-05