

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 26, 2006  
Secretary of State**

DOCUMENT# N35285

Entity Name: NORTHSIDE CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 26234  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

341 BAISDEN RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX 26234  
JACKSONVILLE, FL 32226

**New Mailing Address:**

341 BAISDEN RD.  
JACKSONVILLE, FL 32218

FEI Number: 59-2998577      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATHIAS, DOROTHY D  
341 BAISDEN RD.  
JACKSONVILLE, FL 32218      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MATHIAS, DOROTHY D  
Address: 341 BAISDEN RD.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: 1VD      ( ) Delete  
Name: LEGGETT, MAX H  
Address: 15261 YELLOW BLUFF RD  
City-St-Zip: JACKSONVILLE, FL 32226

Title: 2V      ( ) Delete  
Name: REED, MADELINE  
Address: 9945 S. ORAHOOD LN.  
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD      ( ) Delete  
Name: DUKE, SHIRLEY  
Address: 1381 CRYSTAL SANDS DR.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: SPRUILL, DAVID L  
Address: 15333 CAPE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32226

Title: CS      ( ) Delete  
Name: LEGGETT, ELIZABETH  
Address: 15261 YELLOW BLUFF ROAD  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2V      (X) Change ( ) Addition  
Name: THOMPSON, MARY  
Address: 15561 FLOUNDER RD.  
City-St-Zip: JACKSONVILLE, FL 32226

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CS      (X) Change ( ) Addition  
Name: RUFFIN, SUSAN  
Address: 12669 SAMSON RD.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY MATHIAS

PD

02/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date