

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N35285**

1. Entity Name

NORTHSIDE CIVIC ASSOCIATION, INC.

Principal Place of Business

341 BAISDEN RD  
 JACKSONVILLE FL 32218

Mailing Address

341 BAISDEN RD.  
 JACKSONVILLE FL 32218



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1st MOORE CR2E037 (10/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2998577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHIAS, DOROTHY D  
 341 BAISDEN RD.  
 JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | MATHIAS, DOROTHY D     |                                 |
| STREET ADDRESS | 341 BAISDEN RD.        |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32218  |                                 |
| TITLE          | 1VD                    | <input type="checkbox"/> Delete |
| NAME           | LEGGETT, MAX H         |                                 |
| STREET ADDRESS | 15261 YELLOW BLUFF RD  |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32226  |                                 |
| TITLE          | 2V                     | <input type="checkbox"/> Delete |
| NAME           | THOMPSON, MARY         |                                 |
| STREET ADDRESS | 15561 FLOUNDER RD.     |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32226  |                                 |
| TITLE          | SD                     | <input type="checkbox"/> Delete |
| NAME           | DUKE, SHIRLEY          |                                 |
| STREET ADDRESS | 1381 CRYSTAL SANDS DR. |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32218  |                                 |
| TITLE          | T                      | <input type="checkbox"/> Delete |
| NAME           | SPRUILL, DAVID L       |                                 |
| STREET ADDRESS | 15333 CAPE DRIVE SOUTH |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32226  |                                 |
| TITLE          | CS                     | <input type="checkbox"/> Delete |
| NAME           | RUFFIN, SUSAN          |                                 |
| STREET ADDRESS | 12669 SAMSON RD.       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32218  |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS | U00000628714  |
| CITY-ST-ZIP    | 02/16/07-80028-002 61.25  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *David L. Spruill* (David L. Spruill) 2/15/07 014 751-2216