

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

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90065 020 \*\*\*\*61.25



**DOCUMENT # N95000005996**  
 1. Entity Name  
**NORTHSIDE COMMUNITY INVOLVEMENT, INC.**

Principal Place of Business      Mailing Address  
**4736 AVENUE B**      **P.O. BOX 12319**  
**JACKSONVILLE FL 32209**      **JACKSONVILLE FL 32209**  
**US**      **US**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-3390714**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROWE AND ROWE PA**  
**9471 BAYMEADOWS ROAD STE 203**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	AT WARREN, PAMELA 3737 SOUTEL DRIVE JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PALAMORE, AMON 1019 ETHAN ALLEN STREET JACKSONVILLE FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOBLY, PHILIP 6221 QUIET COUNTRY LN JACKSONVILLE FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLENDON, CHARLIE 4618 HALDIS AVE. JACKSONVILLE FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUMPTER, GWEN 2160 W 30TH STREET JACKSONVILLE FL 32209 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM TURNER, LYNN 9047 VAN BUREN AVE. JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ed outler 8509 Hunters CR. DR. N JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roshanda Morgan 9581 Aberdare Ave. W. JACKSONVILLE, FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B.M. peggy spencer 9609 EVANS RD JACKSONVILLE, FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Charlie McClendon      3/7/05      Daytime Phone # \_\_\_\_\_

# ATTACHMENT

40045481

# N93000005996  
NCI, Northside Community Involvement, Inc

A 501C-3 faith-based nonprofit organization

FEI # 59-3390714

2005

## Name and address of Board Members

1. Charlie McClendon, President  
PO Box 12319  
Jacksonville, FL 32209
2. Nathaniel Stewart, Vice President  
9525 Spottswood Road  
Jacksonville, FL 32226
3. Ed Outler, Treasurer  
8509 Hunters Creek Dr. N.  
Jacksonville, FL 32256
4. Chuck Ways, Assistant Treasurer  
PO Box 1703  
Orange Park, FL 32073
5. Roshanda Morgan, Secretary  
9581 Aberdare Avenue W  
Jacksonville, FL 32208
6. Shelia McKnight, Assistant Secretary  
415 Sargo Road  
Atlantic Beach, FL 32233
7. Amon Palamore, Champlain  
1019 Ethan Allen Street  
Jacksonville, FL 32208
8. Eddie Thompkins, Director  
1101 Harts Road #110  
Jacksonville, FL 32218
9. Joyce Jackson, Director  
PO Box 8631  
Fleming Island, FL 32206

ATTACHMENT

40045481

# N95000005996

Names and address of Board Members conti.

10. Dawnette Myers, Director  
8568 Contera Court  
Jacksonville, FL 32221
11. Tonya Gadson, Director  
11759 Cherry Bark Drive  
Jacksonville, FL 32218
12. Phil Mobley, Director  
6221 Quiet Country Lane  
Jacksonville, FL 32218
13. Peggy Spencer, Director  
9609 Evans Road  
Jacksonville, FL 32208