


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90271 038 \*\*\*\*70.00

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # N95000005996</b>   |         |  |         |
| 1. Entity Name<br><b>NORTHSIDE COMMUNITY INVOLVEMENT, INC.</b>                       |         |   |         |
| Principal Place of Business<br><b>4736 AVENUE B<br/>JACKSONVILLE FL 32209<br/>US</b> |         | Mailing Address<br><b>P.O. BOX 12319<br/>JACKSONVILLE FL 32209<br/>US</b>         |         |
| 2. Principal Place of Business   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



1st MOORE CR2E037 (10/05)

|   |  |  |  |
|---|--|--|--|
| 4. FEI Number<br><b>59-3390714</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROWE AND ROWE PA<br/>9471 BAYMEADOWS ROAD STE 203<br/>JACKSONVILLE FL 32256</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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

|  |  |  |
|--|--|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>OUTLER, ED<br>8509 HUNTERS CK DR. N.<br>JACKSONVILLE FL 32256 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/C<br>Charlie McCleendon<br>4062 Broad Creek Ln<br>Jacksonville, FL 32208 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ASD<br>PALAMORE, AMON<br>1019 ETHAN ALLEN STREET<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>Shelia Tompkins<br>3767 Starleaf Rd W<br>Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MOBLY, PHILIP<br>6221 QUIET COUNTRY LN<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Dawnette Myers<br>8268 Contera Ct<br>Jacksonville, FL 32221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MCLENDON, CHARLIE<br>4618 HALDIS AVE.<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Eddie Thompson<br>3767 Starleaf Rd W.<br>Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MORGAN, ROSEANDA<br>9581 ABERDARE AVE W<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Roshanda Jackson<br>9581 Aberdare Ave W.<br>Jacksonville, FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | BM<br>SPENCER, PEGGY<br>9609 EVANS RD<br>JACKSONVILLE FL 32208 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Royna Cadson<br>11759 Cherry Bark Dr<br>Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                   |

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: *Charlie McCleendon* 4/28/06 904 233-034