

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005996

FILED
Jul 01, 2009
Secretary of State

Entity Name: NORTHSIDE COMMUNITY INVOLVEMENT, INC.

Current Principal Place of Business:

4736 AVENUE B
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12319
JACKSONVILLE, FL 32209 US

New Mailing Address:

FEI Number: 59-3390714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROWE AND ROWE PA
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE, FL 32256 US

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: T () Delete
Name: OUTLER, ED
Address: 8509 HUNTERS CREEK DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32256

Title: BM () Delete
Name: AMON, PALAMORE
Address: 1019 ETUAN ALLEN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD () Delete
Name: MOBLY, PHILIP
Address: 6221 QUIET COUNTRY LN
City-St-Zip: JACKSONVILLE, FL 32208

Title: PC () Delete
Name: MCCLENDON, CHARLIE
Address: 4067 BROAD CREEK LN
City-St-Zip: JACKSONVILLE, FL 32208

Title: BM () Delete
Name: MOBLEY, PHILLIP
Address: 6221 QUIET COUNTRY LANE
City-St-Zip: JACKSONVILLE, FL 32208

Title: BM () Delete
Name: SPENCER, PEGGY
Address: 9609 EVANS RD
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: OUTLER, ED
Address: 8509 HUNTERS CREEK DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: TD (X) Change () Addition
Name: PETERSON, GENORVIS
Address: 6815 CORDAY RD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: BM (X) Change () Addition
Name: THOMPkins, SHELIA
Address: 3767 STAR LEAF RD W
City-St-Zip: JACKSONVILLE, FL 32210

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLIE MCCLENDON

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date