

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005996

FILED
Feb 08, 2010
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 ()

Name and Address of Current Registered Agent:

ROWE AND ROWE PA
9471 BAYMEADOWS ROAD STE 203
JACKSONVILLE, FL 32256 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: V
Name: OUTLER, ED
Address: 8509 HUNTERS CREEK DRIVE N.
City-St-Zip: JACKSONVILLE, FL 32256

Title: BM
Name: AMON, PALAMORE
Address: 1019 ETHAN ALLEN STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD
Name: PETERSON, GENORVIS
Address: 6815 CORDAY RD
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: S
Name: PERRY, BARBARA
Address: 4907 CAMPENELLA RD
City-St-Zip: JACKSONVILLE, FL 32209

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLIE MCCLENDON

P

02/08/2010

Electronic Signature of Signing Officer or Director

_____ Date