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Jun 16 1997 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000005902 (9)

1. Corporation Name

OLD RASCALS NORTHSIDE MEN'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2339 BROOKLYN ROAD  
JACKSONVILLE FL 32208

2339 BROOKLYN ROAD  
JACKSONVILLE FL 32209-2401

3. Date Incorporated or Qualified  
11/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, GEORGE  
2339 BROOKLYN ROAD  
JACKSONVILLE FL 32208

81 Name

George W. Ward  
8525 Laurens Road

83

84 City

Jax

FL

85 Zip Code

08

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*George W. Ward*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FISHBURN, ELIJAH  
STREET ADDRESS 8120 MERIVALE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32208

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME NOEL, REGINALD  
STREET ADDRESS 2628 LANTANA AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME PHILLIP, ERVIN  
STREET ADDRESS 1231 KENMORE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32208

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME WALKER, THOMAS  
STREET ADDRESS 6270 RESTLAWN DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32209

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME SIMMONS, LARRY  
STREET ADDRESS 4636 WRICO DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32208

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MCLAUGHLIN, WILLIE JR.  
STREET ADDRESS 2390 KINWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32209

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)