

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 23 1998 8:00am
Secretary of State

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 32208

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

65-079-5615

Applied For

~~APPLIED FOR~~

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5562 AVE. B

26 5562 AVE B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JACKSONVILLE, FLORIDA

28 JAX. FLA.

Zip

Country

Zip

Country

24 32209

25 U.S.A.

29 32209

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, GEORGE
8525 LAURENS RD.
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FISHBURN, ELIJAH
STREET ADDRESS 8120 MERVALE 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 2626 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 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.

SIGNATURE:

Ervin L. Phillip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-98

Daytime Phone #

904-768-7555

CR2E037 (5/98)