

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005902

1. Corporation Name

OLD RASCALS NORTHSIDE MEN'S ASSOCIATION, INC.

Principal Place of Business								
5562 AVENUE B								
JACKSONVILLE FL 32209								

Mailing Address

5562 AVENUE B

FILED Mar 16, 1999 8:00 am § Secretary of State

03-16-1999 90127 041 ****61.25



US US										
Principal Place of Business 21		2a. Mailing Address			3. Date Incorporated or Qualifed 11/15/1996					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0795615				Applied For Not Applicable		
City & Stat	е	City & State		5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
Zip	Country Zip Co			'	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be					
, =	9. Name and Address of Current	t Registered Agent			10. Name and Address of New F	Registered /	Agent			
			81	Name						
WARD, GEORGE				82 Street Address (P.O. Box Number is Not Acceptable)						
8525 LAURENS RD. JACKSONVILLE FL 32208										
JACKSUN	WILLE PL 32208		84	City			85	Zip Cod	te	
			i	,		FL				
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 agen	it and little if applicable. INOTE R	<u> </u>	nt signature require	ad when reinstating)	DATE		OT 0 0		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AN				
TITLE	D	☐ DELETE	11 TITLE				☐ Cha	nge	Addition	
NAME	FISHBURN, ELIJAH		1.2 NAME						1	
STREET ADDRESS	O 120 Me Wille Novie			TADDRESS					Ì	
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY-S	T-ZIP			Cha	nne	Addition	
TITLE	DVP	I DELETE	2.1 TITLE					·gc		
NAME	GREEN, CLARENCE	. 15-	2 2 NAME							
STREET ADDRESS	VIVO TREBETTORIODOTTO TIVETOE			T ADDRESS					j	
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32208	☐ DELETE	2 4 CITY-: 3 1 TITLE	51-ZIP			☐ Char	nge	Addition	
NAME	i d Phillip, ervin		3 2 NAME					•	_	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32208		34 CITY-							
TITLE	DST	☐ DELETE	4:TITLE				Cha	nge	Addition	
NAME	WHITE, SAM		4 2 NAME						l	
STREET ADDRESS	1		4 3 STREE	T ADDRESS					1	
CITY-ST-ZIP	JACKSONVILLE FL 32208	_	4.4 CITY- S	T-ZIP						
TITLE	D	☐ DELETE	5 1 TITLE		-		Cha	nge	Addition	
NAME	SIMMONS, LARRY		52 NAME							
STREET ADDRESS	4636 WRICO DRIVE			TADDRESS					ļ	
CITY-ST-ZIP	JACKSONVILLE FL 32208		5 4 CITY - 9	T-ZIP					- 1 cc	
TITLE	D	☐ DELETE	61 TITLE				☐ Cha	nge	Addition	
NAME	MCLAUGHLIN, WILLIE JR.		62 NAME							
STREET ADDRESS	2390 KINWOOD AVENUE		63 STREE	T ADDRESS					}	

JACKSONVILLE FL 32209 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 suppliemental 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 conforation 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, with all other like empowered.