

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 761355

**Entity Name:** EASTSIDE BROTHERHOOD CLUB, INC.

**Current Principal Place of Business:**

915 A. PHILIP RANDOLPH BLVD.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

915 A. PHILLIP RANDOLPH BOULEVARD  
JACKSONVILLE, FL 32206 US

**FEI Number:** 59-2537604

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOYE, BRUCE  
915 A. PHILLIP RANDOLPH BOULEVARD  
JACKSONVILLE, FL 32206 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:** BRUCE MOYE

10/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO / PRESIDENT  
Name MOYE, BRUCE  
Address 4048 BRYANT GLEN AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title SECRETARY-TREASURE  
Name GATSON, DELWIN L  
Address 10579 VILLANOVA RD  
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR OF ACTIVITIES, EVENTS  
AND COMMUNITY AFFAIRS  
Name WILLIAMS, CEDRIC  
Address 2014 KINGSTONE ST  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR OF ACTIVITIES, EVENTS  
AND COMMUNITY AFFAIRS  
Name JAMISON, RUDY  
Address 4625 NOTTER AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR OF BUILDING AND  
MAINTENANCE  
Name BULLOCK, JOE  
Address 917 A. PHILLIP RANDOLPH BLVD  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR OF BAR MANAGEMENT  
AND SALES  
Name WILLIAMS, CEDRIC  
Address 2014 KINGSTONE ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR OF BAR MANAGEMENT  
AND SALES  
Name CLAYTON, BEN  
Address 3608 LIONELL ST  
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR OF MEMBERSHIP AND  
FUNDRAISING  
Name WILLIAMS, PHILLIP  
Address 4832 N. MAIN ST  
City-State-Zip: JACKSONVILLE FL 32208

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*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:** HORACE NELSON

**MEMBER**

10/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR OF BUILDING AND MAINTENANCE
Name	SMITH, LINWOOD
Address	1300 BROXTON BAY DR.
City-State-Zip:	JACKSONVILLE FL 32208