2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2021
Secretary of State
0173972815CC

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Entity Name: NORTHSIDE COALITION OF JACKSONVILLE INC

Current Principal Place of Business:

1354 N. LAURA STREET
JACKSONVILLE, FL 32206

Current Mailing Address:

PO BOX 66117
JACKSONVILLE, FL 32208 US

FEI Number: 82-1224114

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRAZIER, BENJAMIN
9646 WATERSHED DR S
JACKSONVILLE, FL 32220 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: BENJAMIN FRAZIER 02/03/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PCEO
Name	FRAZIER, BENJAMIN
Address	9646 WATERSHED DR S
City-State-Zip:	JACKSONVILLE FL 32220

Title	DIRECTOR
Name	RUTTER, BOB
Address	PO BOX 66117
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	FRAZIER, KELLY
Address	PO BOX 66117
City-State-Zip:	JACKSONVILLE FL 32208

Title	TREASURER
Name	ROSS, JOE
Address	PO BOX 66117
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	ROBINSON , KOSTERICH
Address	PO BOX 66117
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	BAKER, SHELLETTA
Address	PO BOX 66117
City-State-Zip:	JACKSONVILLE FL 32208

Title	DIRECTOR
Name	KEMP , JUNE
Address	PO BOX 66117
City-State-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: BENJAMIN FRAZIER PCEO 02/03/2021

Electronic Signature of Signing Officer/Director Detail — Date