


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90247 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002871

1. Corporation Name

WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.

Principal Place of Business

4305 CHARLESTON LANE
 JACKSONVILLE FL 32210

Mailing Address

P. O. BOX 7243
 JACKSONVILLE FL 32238



* 5 6 2 5 8 9 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1998	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-3531117	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODMAN, JONATHAN H ESQ. 1377 CASSAT AVE. JACKSONVILLE FL 32205				81 Name			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLET, RON	1.2 NAME	
STREET ADDRESS	2716 VICTORIA OAKS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32233	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFIELD, BRIAN E	2.2 NAME	
STREET ADDRESS	3591 SANCTUARY WAY S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, BETTY	3.2 NAME	
STREET ADDRESS	8140 RAYMOND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CARL R	4.2 NAME	
STREET ADDRESS	4157 SAN JUAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, LYNN	5.2 NAME	
STREET ADDRESS	4206 ORISTANO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINOR, R. EDWARD	6.2 NAME	
STREET ADDRESS	6457 JACK WRIGHT ISLAND RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32092	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 517, 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 904 779-1099

CR2E037 (1/98)