


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90054 037 ****61.25

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1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.



Principal Place of Business
**4751 APACHE AVE
 JACKSONVILLE, FL 32210**

Mailing Address
**P. O. BOX 7243
 JACKSONVILLE, FL 32238**

44013264



2. Principal Place of Business
P.O. Box 7243

3. Mailing Address
 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State
Jacksonville, FL

City & State
 City & State

Zip
32238

Country
USA

Zip
 Zip

Country
 Country

4. FEI Number
59-3531117

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DAVIS, DOUGLAS
 4751 APACHE AVENUE
 JACKSONVILLE, FL 32210**

7. Name and Address of New Registered Agent
 Name
JONATHAN GOODMAN
 Street Address (P.O. Box Number is Not Acceptable)
1377 CASSAT AVE
 City
JACKSONVILLE FL Zip Code
32205

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jonathan Goodman* DATE **2/19/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARBY, RICHARD 8525 CAMSHIRE COURT JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GARY DASHER 1183 CROWN DRIVE JACKSONVILLE, FL 32205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOODMAN, JONATHAN 1377 CASSATT AVE. JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERSON, NANCY 2004 JONES ROAD JACKSONVILLE, FL 32220 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIELDS, VERNA 9353 STAPLES MILL DR JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUSAN WHITE 3412 CHOREBERY CT. JACKSONVILLE, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, DOUGLAS 4751 APACHE AVENUE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL BARTON 5834 NORDE DR. W JACKSONVILLE, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOLE, RICHARD 5655 TIMUQUANA ROAD JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN HUBLECHECK 3418 PICKWICK DR. S. JACKSONVILLE, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan White* (SUSAN WHITE) DATE: **2/19/04** (904) 772-1313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR