
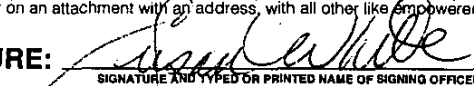


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90067 041 \*\*\*\*61.25

<b>DOCUMENT # N98000002871</b>					
1. Entity Name <b>WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.</b>					
Principal Place of Business P.O. BOX 7243 JACKSONVILLE, FL 32238		Mailing Address P. O. BOX 7243 JACKSONVILLE, FL 32238			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3531117</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOODMAN, JONATHAN 1377 CASSAT AVE. JACKSONVILLE, FL 32205				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASHER, GARY		NAME	ALBERTA HIPPS	
STREET ADDRESS	1183 CROWN DR.		STREET ADDRESS	6502 SHINDLER DR.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, JONATHAN		NAME	CARL MOORE	
STREET ADDRESS	1377 CASSATT AVE.		STREET ADDRESS	4157 SAN JUAN AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, SUSAN		NAME		
STREET ADDRESS	3412 CHOSEBERRY CT.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, PAUL		NAME	KATRENA TITTS	
STREET ADDRESS	5834 NORDE DR. W		STREET ADDRESS	2754 GATEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLECHECK, JOHN		NAME		
STREET ADDRESS	3418 PICKWICK DR. S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1/20/05 (604) 913-1317		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		