

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90009 036 ****61.25



DOCUMENT # N98000002871
 1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.

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
 Suite, Apt. #, etc.

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

02082006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3531117
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**GOODMAN, JONATHAN
 1377 CASSAT AVE.
 JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent
 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2006**

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 PD
 NAME HIPPS, ALBETA Delete
 STREET ADDRESS 6502 SHINDLEE DR
 CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE PD
 NAME MOORE, CARL Change Addition
 STREET ADDRESS 4157 SAN JUAN AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP
 NAME MOORE, CARL Delete
 STREET ADDRESS 4157 SAN JUAN AVE
 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE TD
 NAME WHITE, SUSAN Delete
 STREET ADDRESS 3412 CHERRYBERRY CT.
 CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE SD
 NAME PITTS, KATRENA Delete
 STREET ADDRESS 2754 GATEWOOD COURT
 CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE SD
 NAME Burgstiner, OPAL Change Addition
 STREET ADDRESS 5454 Normandy Blvd
 CITY-ST-ZIP Jacksonville, FL 32205

TITLE VD
 NAME HOLECHECK, JOHN Delete
 STREET ADDRESS 3418 PICKWICK DR. S
 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06 (904) 772-1313
 Date Daytime Phone #