


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90052 009 \*\*\*\*61.25

<b>DOCUMENT # N98000002871</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3531117	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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 type="checkbox"/> Delete	TITLE	President, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CARL		NAME	Katrena Pitts	
STREET ADDRESS	4157 SAN JUAN AVE		STREET ADDRESS	4441 Westconnect Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CARL		NAME	Les Spicer	
STREET ADDRESS	4157 SAN JUAN AVE		STREET ADDRESS	6964 W. 12th St	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32220	
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 type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGSTIRER, OPAL		NAME	Tammy Megowan	
STREET ADDRESS	5454 NORMANSY BLVD.		STREET ADDRESS	830 Fickettville Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLECHECK, JOHN		NAME	JK Grafe	
STREET ADDRESS	3418 PICKWICK DR. S		STREET ADDRESS	5605 Westconnect Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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 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: <i>Susan White</i> SUSAN WHITE		Date: 2/21/07		Daytime Phone #: (904) 772-1313	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40023568

