

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002871

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.

**Current Principal Place of Business:**

1377 CASSAT AVE  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

POB 37232  
JACKSONVILLE, FL 322367232

**New Mailing Address:**

**FEI Number:** 59-3531117      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONATHAN H. GOODMAN, P.A.  
1377 CASSAT AVE.  
JACKSONVILLE, FL 32205    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEGOWAN, TAMMY  
Address: 830 PICKETTVILLE ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: VPD  
Name: ASH, MYRA L  
Address: 548 CHAFFEE POINT BLVD.  
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD  
Name: FARAH, KAREN  
Address: 5665 NORMANDY BLVD.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD  
Name: HIPPS, LARA  
Address: 1650 MARGARET STREET, #323  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D  
Name: GOODMAN, JONATHAN H  
Address: 1377 CASSAT AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN H. GOODMAN

D

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date