

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002871

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC8053940077**

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

**Current Principal Place of Business:**

1377 CASSAT AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

POB 37232  
JACKSONVILLE, FL 32236-7232

**FEI Number: 59-3531117**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title PD  
Name JOHNSON, DON  
Address 10250 NORMANDY BOULEVARD  
604  
City-State-Zip: JACKSONVILLE FL 32221

Title IPP  
Name POLLETTA, GARY  
Address 1012 EDGEWOOD AVENUE, S.  
City-State-Zip: JACKSONVILLE FL 32205

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

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

Title D  
Name GOODMAN, JONATHAN H  
Address 1377 CASSAT AVE.  
City-State-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**

**REGISTERED  
AGENT/DIRECTOR**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date