

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002871

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**3393184074CC**

**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	Title	SECRETARY
Name	MEGOWAN, TAMMY	Name	HIPPS, LARA
Address	830 PICKETVILLE ROAD	Address	1650 MARGARET STREET, #323
City-State-Zip:	JACKSONVILLE FL 32220	City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	MYNATT, BETH
Address	4256 BLANDING BOULEVARD
City-State-Zip:	JACKSONVILLE FL 32210

*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**

**01/16/2020**

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

\_\_\_\_\_  
Date