FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54

DOCUMENT # 733518 (5)

1. Corporation Name
WESTSIDE CLUB, INC.

Principal Place of Business	Mailing Address
4615 LEXINGTON AVE JACKSONVILLE FL 32210	4615 LEXINGTON AVE JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1975
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1830595 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BIEBER, JAMES A
4000 ANVERS BLVD
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: SublETT, SALLY W
82 Street Address (P.O. Box Number is Not Acceptable): 6060 GEORGEWOOD LA. W
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SublETT, SALLY W. Sally W. Sublett 4/10/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	CHAPMAN, KEVIN	1.2 NAME	DON VANNOY	
STREET ADDRESS	2927 LAKE SHORE BLVD	1.3 STREET ADDRESS	4809 HEADLEY Terr	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL. 32205	
TITLE	DVP	2.1 TITLE	DVP	☐ Change ☐ Addition
NAME	MATHEWS, MARK	2.2 NAME	George E. MORRIS	
STREET ADDRESS	4453 WOODMERE ST	2.3 STREET ADDRESS	1663 Morningside Dr	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Middleburg FL. 32068	
TITLE	DT	3.1 TITLE	DT	☑ Change ☐ Addition
NAME	BIEBER, JAMES A	3.2 NAME	Sublett, Sally W.	
STREET ADDRESS	4000 ANVERS BLVD	3.3 STREET ADDRESS	6060 Georgewood La. W.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jax. Fla. 32244	
TITLE	DS	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	MCGUIRE, DEBRA	4.2 NAME	PATRICIA A. HARLIN	
STREET ADDRESS	4408 MELROSE AVE	4.3 STREET ADDRESS	8757 Pine Valley Lane	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	D	5.1 TITLE	D Ronald B Nelson	☑ Change ☐ Addition
NAME	SMITH, PAT	5.2 NAME	6065 B Sea Horse Ct.	
STREET ADDRESS	5227 HELM AVE	5.3 STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	32212	
TITLE	D	6.1 TITLE	D Ronald Burch	☑ Change ☐ Addition
NAME	HOLBROOK, TOM	6.2 NAME	RT4 Box 148	
STREET ADDRESS	3660 ST JOHNS AVE	6.3 STREET ADDRESS	Callahan FLA	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	32011 9428	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George E Morris 4-9-95 904/1690752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600141