

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 733518 (5)

1. Corporation Name

WESTSIDE CLUB, INC.



Principal Place of Business

4615 LEXINGTON AVE  
JACKSONVILLE FL 32210

Mailing Address

4615 LEXINGTON AVE  
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified  
08/07/1975

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUBLETT, SALLY W  
6060 GEORGEWOOD LA. W  
JACKSONVILLE FL 32244

81 Name DANIEL CHAPMAN  
82 Street Address (P.O. Box Number is Not Acceptable)  
5900 DUPONT CIRCLE  
83  
84 City JACKSONVILLE FL 85 Zip Code 32205

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DANIEL CHAPMAN - TREASURER

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME VANNOY, DON  
STREET ADDRESS 4809 HEADLEY TER  
CITY-ST-ZIP JACKSONVILLE FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME MORRIS, GEORGE E  
STREET ADDRESS 1683 MORNINGSIDE DR  
CITY-ST-ZIP MIDDLEBURG FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE DT ☒ DELETE  
NAME SUBLETT, SALLY W  
STREET ADDRESS 6060 GEORGEWOOD LA. W  
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE TREASURER ☒ Change ☐ Addition  
32 NAME DANIEL CHAPMAN  
33 STREET ADDRESS 5900 DUPONT CIR  
34 CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE DS ☐ DELETE  
NAME HARLIN, PATRICIA A  
STREET ADDRESS 8757 PINE VALLEY LANE  
CITY-ST-ZIP JACKSONVILLE FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME NELSON, RONALD B  
STREET ADDRESS 5065B SEA HORSE CT  
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE 200001818302 ☐ Change ☐ Addition  
52 NAME -05/13/96--01035--001  
53 STREET ADDRESS \*\*\*61.25  
54 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BUSCH, RONALD M  
STREET ADDRESS RT 4 BOX 148  
CITY-ST-ZIP CALLAHAN FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CHAPMAN

2/2/96 (904) 584-8429

CR2E037 (12/95)