

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90014 047 ****61.25

DOCUMENT # 733518

1. Corporation Name

WESTSIDE CLUB, INC.

Principal Place of Business

**4615 LEXINGTON AVE
JACKSONVILLE FL 32210**

Mailing Address

**P O BOX 7056
JACKSONVILLE FL 32238
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/07/1975

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1830595

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARTSCHLAG, ANNE H
7952 FALCON ST
JACKSONVILLE FL 32244**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 obligations 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **RICHARDSON, JAMES**
STREET ADDRESS **10327 DENTON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **JON FOYDA**
1.3 STREET ADDRESS **1227 SKYE DR.**
1.4 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT** ☐ DELETE
NAME **HARTSCHLAG, ANNE**
STREET ADDRESS **7952 FALCON ST**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **RICHARDSON, WANDA**
STREET ADDRESS **10327 DENTON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **DS** ☒ Change ☐ Addition
3.2 NAME **COLLEEN O'CONNOR**
3.3 STREET ADDRESS **4353 HERSCHEL ST. APT. 1**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **DBM** ☒ DELETE
NAME **HINES, MONTEEN**
STREET ADDRESS **4766 SHIRLEY AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE **DBM** ☒ Change ☐ Addition
4.2 NAME **RON BOIKE**
4.3 STREET ADDRESS **5342 SEABOARD AVE. #75**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE **DVP** ☒ DELETE
NAME **NELSON, RONALD B**
STREET ADDRESS **50658 SEA HOURSE CT**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE **DVP** ☒ Change ☐ Addition
5.2 NAME **WANDA RICHARDSON**
5.3 STREET ADDRESS **10327 DENTON RD.**
5.4 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **DBM** ☒ Change ☒ Addition
6.2 NAME **EDWARD HALL**
6.3 STREET ADDRESS **P. O. BOX 4876**
6.4 CITY-ST-ZIP **JACKSONVILLE FL**

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

ANNE HARTSCHLAG
TREASURER

1-19-99

904-771-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0006257