

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90004 006 ****61.25

DOCUMENT # 733518

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1830595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HARTSCHLAG, ANNE H
7952 FALCON ST
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anne H. Hartschlag - ANNE H. HARTSCHLAG - TREASURER

2/11/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME COLSON, WILLIAM ☐ Delete
STREET ADDRESS 7415 IMPALA RD
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE DVP
NAME RICHARDSON, JAMES ☐ Delete
STREET ADDRESS 10327 DENTON RD.
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE DBM
NAME REAUME, PAUL ☐ Delete
STREET ADDRESS 7020 JULIET LN.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE DBM
NAME VONESCHE, FRED ☒ Delete
STREET ADDRESS 4842 HEADLEY TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE DS
NAME JOHNS, JANICE ☐ Delete
STREET ADDRESS 3063 WATER ST
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DT
NAME HARTSCHLAG, ANNE ☐ Delete
STREET ADDRESS 7952 FALCON ST
CITY-ST-ZIP JACKSONVILLE FL 32244

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne H. Hartschlag ANNE H. HARTSCHLAG

2/11/04

904-771-6042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #