2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90021 027 ****61.25

DOCUMENT # 733518

1. Entity Name

WESTSIDE CLUB, INC.

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

1st MOORE CR2E037 (10/05)

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	7. Name and Address of New Registered Agent
HARTSCHLAG, ANNE H 7952 FALCON ST JACKSONVILLE FL 32244	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 _____
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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP NAME NELSON, RONALD STREET ADDRESS 4207 CONFEDERATE PT. DR CITY-ST-ZIP JACKSONVILLE FL 32210	☒ Delete	TITLE DP NAME ROBBINS, W.P. STREET ADDRESS 4336 PALMER AVE CITY-ST-ZIP JACKSONVILLE, FL. 32210	☒ Change ☐ Addition
TITLE DVP NAME ROBBINS, W.P. STREET ADDRESS 4336 PALMER AVE CITY-ST-ZIP JACKSONVILLE FL 32210	☒ Delete	TITLE DVP NAME ANITA CUMMINGS STREET ADDRESS 5528 GILMORE ST CITY-ST-ZIP JACKSONVILLE, FL 32205	☒ Change ☐ Addition
TITLE DBM NAME CUMMINGS, ANITA STREET ADDRESS 5528 GILMORE ST CITY-ST-ZIP JACKSONVILLE FL 32205	☒ Delete	TITLE DS NAME JONI NELSON STREET ADDRESS 4207 CONFEDERATE PT. DR. CITY-ST-ZIP JACKSONVILLE FL. 32210	☒ Change ☐ Addition
TITLE DS NAME HUNTSINGER, HANS STREET ADDRESS 1713 WELLS RD APT 233 CITY-ST-ZIP ORANGE PARK FL 32273	☒ Delete	TITLE DBM NAME PAT SMITH STREET ADDRESS 1045 OAK ST CITY-ST-ZIP JACKSONVILLE, FL. 32204	☒ Change ☐ Addition
TITLE DT NAME HARTSCHLAG, ANNE STREET ADDRESS 7952 FALCON ST CITY-ST-ZIP JACKSONVILLE FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Hartschlag ANNE HARTSCHLAG 1/26/06