

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90085 017 ****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**

40008901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172008 Chg-NP CR2E037 (12/06)

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

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

Anne Hartschlag
(NOTE: Registered Agent signature required when re-registering)

1-18-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**QP
RICHARDSON, JAMES
10327 DENTON RD
JACKSONVILLE, FL 32226** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
Nelson, Ronald
4207 Confederate Pt. Dr.
Jacksonville FL 32210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
CUMMINGS, ANITA
5528 GILMORE ST
JACKSONVILLE, FL 32205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Byrd, Donna
4216 Quincy St.
Jacksonville FL 32205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
NELSON, JONI
4207 CONFEDERATE PT DR
JACKSONVILLE, FL 32210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DBM
BYRD, DONNA
4216 QUINCY STREET
JACKSONVILLE, FL 32205** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DBM
Smith, Pat
Jacksonville FL** ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #