

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733518

Entity Name: WESTSIDE CLUB, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

4615 LEXINGTON AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P O BOX 7056
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: 59-1830595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NELSON, RONALD
Address: 4207 CONFEDERATE PT. DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP () Delete
Name: BYRD, DONNA
Address: 4216 QUINCY ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: DS () Delete
Name: NELSON, JONI
Address: 4207 CONFEDERATE PT DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: DBM () Delete
Name: SMITH, PAT
Address: 4216 QUINCY STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: DT () Delete
Name: HARTSCHLAG, ANNE
Address: 7952 FALCON ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: REAUME, PAUL
Address: 2341 LAKESHORE BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVP (X) Change () Addition
Name: VANNOY, EDGEL
Address: 1585 BLAIR RD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DBM (X) Change () Addition
Name: SMITH, PAT
Address: 1045 OAK ST., APT. 1507
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DBM () Change (X) Addition
Name: REYNOLDS, ROBIN
Address: 204 RIVER RD.
City-St-Zip: JACKSONVILLE, FL 32273

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE HARTSCHLAG

DT

01/19/2009

Electronic Signature of Signing Officer or Director

Date