FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748573** **(3)**

1. Corporation Name

WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business	Mailing Address
1919 MUNCIE AVE. PO BOX 7243 JACKSONVILLE FL 32238	1919 MUNCIE AVE. PO BOX 7243 JACKSONVILLE FL 32238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/17/1979**
3a. Date of Last Report: **03/25/1994**
4. FEI Number: **59-2151371** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CULLEN, JOSEPH L.
1919 MUNCIE AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	WHISENANT, ARNOLD	1.2 NAME	SOLLIDAY, SCOTT	
STREET ADDRESS	2002 DELRAY AVE.	1.3 STREET ADDRESS	5101 YACHT CLUB RD.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	VD	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	HALLEY, JIM D	2.2 NAME	BARRS, WALLY	
STREET ADDRESS	714 BALMORAL LANE	2.3 STREET ADDRESS	2939 REMINGTON ST.	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32205	
TITLE	V	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	DOMINEY, RAY	3.2 NAME	BRIDGE, ROGER	
STREET ADDRESS	6288 DICKENS DR.	3.3 STREET ADDRESS	RT. BOX 198	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	CALLAHAN, FL. 32011	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	BURGSTINER, OPAL	4.2 NAME	BURGSTINER, OPAL	
STREET ADDRESS	4305 CHARLESTON LANE	4.3 STREET ADDRESS	4305 CHARLESTON LANE	
CITY-ST-ZIP	JAX, FL 00000	4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE	SD	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	CULLEN, JOSEPH L.	5.2 NAME	CULLEN, JOSEPH L.	
STREET ADDRESS	1919 MUNCIE AVENUE	5.3 STREET ADDRESS	1919 MUNCIE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32210	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joseph L Cullen JOSEPH L. CULLEN 4/19/95 904-781-7591
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #