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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 748573 (3)

1. Corporation Name

WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business	Mailing Address
4224 ORISTANO RD JACKSONVILLE FL 32210 US	1919 MUNCIE AVE. PO BOX 7243 JACKSONVILLE FL 32238

3. Date Incorporated or Qualified: 08/17/1979

4. FEI Number: 59-2151371 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 7243
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 JACKSONVILLE, FL
Zip 24 / Country 25	Zip 29 32238 / Country 30 DUVAL

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALLMAN, RICHARD E 4224 ORISTANO RD JACKSONVILLE FL 32210	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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LOVIN, WALLACE		1.2 NAME	RICHARD L. SMITH	
STREET ADDRESS	8601 BOXBERRY LANE		1.3 STREET ADDRESS	7319 BUNION DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SMITH, RICHARD L		2.2 NAME	KATRINA PITTS	
STREET ADDRESS	7319 BUNION DRIVE		2.3 STREET ADDRESS	2592 ASHFORD COURT	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROCATO, ANTHONY W.		3.2 NAME		
STREET ADDRESS	5291 COLLINS RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	STANTON, BETTY JEAN		4.2 NAME	ROSETTA PERRY-MITCHELL	
STREET ADDRESS	8140 RAYMOND STREET		4.3 STREET ADDRESS	8077 CUMBERLAND GAP TRAIL	
CITY-ST-ZIP	JAX, FL 00000		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BALLMAN, RICHARD E		5.2 NAME		
STREET ADDRESS	4224 ORISTANO RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Betty Jean Stanton 4/30/98 (904) 783-4515