2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90054 036 ****61.25

DOCUMENT # 748573

1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business	Mailing Address
4751 APACHE AVENUE JACKSONVILLE, FL 32210 US	P O BOX 7243 JACKSONVILLE, FL 32238 US

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 7243	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville	City & State
Zip: FL 32238 Country: USA	Zip / Country

4. FEI Number 59-2151371 ☐ 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
DAVIS, DOUGLAS 4751 APACHE AVENUE JACKSONVILLE, FL 32210	Name: JONATHAN GOODMAN Street Address (P.O. Box Number is Not Acceptable): 1377 CASSAT AVE City: JACKSONVILLE, FL FL Zip Code: 32205

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: Jonathan W Goodman DATE: 2/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOODMAN, JONATHAN		NAME		
STREET ADDRESS	1377 CASSATT AVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	CD	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	PIERSON, NANCY		NAME		
STREET ADDRESS	2004 JONES RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32220		CITY-ST-ZIP		
TITLE	PD	☒ Delete	TITLE	P/D	☐ Change ☒ Addition
NAME	DARBY, RICHARD		NAME	GARY DASHER	
STREET ADDRESS	8525 CAMSHIRE COURT		STREET ADDRESS	1183 CROWN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	TD	☒ Delete	TITLE	T/D	☐ Change ☒ Addition
NAME	FIELDS, VERNA		NAME	SUSAN WHITE	
STREET ADDRESS	9353 STAPLES MILL DR		STREET ADDRESS	3412 CHONEBOCKY CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	SD	☒ Delete	TITLE	S/D	☐ Change ☒ Addition
NAME	DAVIS, DOUGLAS		NAME	PAUL BARTON	
STREET ADDRESS	4751 APACHE AVENUE		STREET ADDRESS	5834 NORDE DR. W.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	VD	☒ Delete	TITLE	V/D	☐ Change ☒ Addition
NAME	THOELE, RICHARD		NAME	JOHN HOLCHECK	
STREET ADDRESS	5655 TIMUQUANA RD		STREET ADDRESS	3418 PICKWICK DR. S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP	JACKSONVILLE, FL 32207	

12. 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 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: Susan White (SUSAN WHITE) 2/19/04 (904) 772-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #