2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State
03-02-2005 90067 040 ****61.25

DOCUMENT # 748573

1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOC. INC.

Principal Place of Business	Mailing Address
P.O. BOX 7243 JACKSONVILLE, FL 32238 US	P O BOX 7243 JACKSONVILLE, FL 32238 US

01202005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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
GOODMAN, JONATHAN 1377 CASSAT AVE. JACKSONVILLE, FL 32205	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 _____ DATE
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, 2005

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	VP GOODMAN, JONATHAN 1377 CASSATT AVE JACKSONVILLE, FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARL MOORE 4157 SAN JUAN AVE JACKSONVILLE FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DASHER, GARY 1183 CROWN DRIVE JACKSONVILLE, FL 32205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALBERTA HIPPS 6502 SHINDLER DRIVE JACKSONVILLE, FL 32222	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WHITE, SUSAN 3412 CHOKEBERRY CT. JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARTON, PAUL 5834 NORDE DR. W. JACKSONVILLE, FL 32244	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KATRENA PITTS 2754 GATEWOOD COURT ORANGE PARK, FL 32065	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLECHECK, JOHN 3418 PICKWICK DR. S. JACKSONVILLE, FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1/30/05 (904) 772-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #