

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 008 ****61.25

DOCUMENT # 748573

1. Entity Name
WESTSIDE BUSINESS LEADERS ASSOC. INC.



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

Mailing Address
**P O BOX 7243
JACKSONVILLE, FL 32238 US**

40023569



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2151371

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOODMAN, JONATHAN
1377 CASSAT AVE.
JACKSONVILLE, FL 32205**

7. Name and Address of Now Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **PD** ☒ Delete
NAME **MOORE, CARL**
STREET ADDRESS **4157 SAN JUAN AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **TD** ☐ Delete
NAME **WHITE, SUSAN**
STREET ADDRESS **3412 CHOKEBERRY CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **SD** ☒ Delete
NAME **BURGSTINER, OPAL**
STREET ADDRESS **5454 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **VD** ☒ Delete
NAME **HOLECHECK, JOHN**
STREET ADDRESS **3418 PICKWICK DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **RITB, Katrena**
STREET ADDRESS **4441 Wesconnect Blvd**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Megowan, Tammy**
STREET ADDRESS **830 Pickettville Rd**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **VD** ☐ Change ☒ Addition
NAME **Spicer, Les**
STREET ADDRESS **6964 W. 12th St.**
CITY-ST-ZIP **JACKSONVILLE, FL 32220**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/07 **(904) 772-1313**