

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748573

FILED
Mar 09, 2009
Secretary of State

Entity Name: WESTSIDE BUSINESS LEADERS ASSOC. INC.

Current Principal Place of Business:

P.O. BOX 37232
JACKSONVILLE, FL 322367232 US

New Principal Place of Business:

1377 CASSAT AVENUE
JACKSONVILLE, FL 32205 US

Current Mailing Address:

P.O. BOX 37232
JACKSONVILLE, FL 322367232 US

New Mailing Address:

FEI Number: 59-2151371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, CARL
Address: 4157 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: FIELOS, VERNA
Address: 4956 RED PINE CT
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: MEGOWAN, TAMMY
Address: 830 PICKEITVILLE RD.
City-St-Zip: JACKSONVILLE, FL 32220

Title: PD () Delete
Name: SPICER, LES
Address: 830 W 12TH ST.
City-St-Zip: JACKSONVILLE, FL 32220

Title: VP () Delete
Name: RENNINGER, J.BE.
Address: 13450 LAKE FRETWELL ST.
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RENNINGER, J. B.
Address: 13450 LAKE FRETWELL STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD (X) Change () Addition
Name: FIELDS, VERNA
Address: 4956 RED PINE CT
City-St-Zip: JACKSONVILLE, FL 32210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: POLLETTA, GARY
Address: 1012 S. EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: D (X) Change () Addition
Name: CREPPEL, TONY
Address: 1405 HAMMOND BLVD.
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN H. GOODMAN

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date