

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006964

FILED
Feb 17, 2009
Secretary of State

Entity Name: WESTSIDE FOUNDATION, INC.

Current Principal Place of Business:

10000 NEWBERRY ROAD
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

10000 NEWBERRY ROAD
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 27-0079496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MICHAEL L
10000 W. NEWBERRY ROAD
GAINESVILLE, FL 32606 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: D,P () Delete
Name: CRAWFORD, GARY L DR.
Address: 9718 SW 19TH AVENUE
City-St-Zip: GAINESVILLE, FL 326073209 US

Title: D,VP () Delete
Name: GRIFFIN, WASSIE
Address: 9722 SW 1ST PLACE
City-St-Zip: GAINESVILLE, FL 326071362 US

Title: D,T () Delete
Name: ANDERSON, MIKE
Address: 1904 SW 86TH TERRACE
City-St-Zip: GAINESVILLE, FL 326073493 US

Title: D,S () Delete
Name: BENNETT, SHAWN
Address: 9525 SW 50TH ROAD
City-St-Zip: GAINESVILLE, FL 32608 US

Title: D () Delete
Name: LATHAM, WILLIAM III
Address: 12704 SW 28TH PLACE
City-St-Zip: ARCHER, FL 326182136 US

Title: D (X) Delete
Name: PATTERSON, J G
Address: 6507 NW STATE ROAD 45
City-St-Zip: HIGH SPRINGS, FL 32643 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MICHAEL L. ANDERSON

TREA

02/17/2009

Electronic Signature of Signing Officer or Director

Date