

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12884

FILED
Feb 15, 2009
Secretary of State

Entity Name: WESTSIDE FOOTBALL LEAGUE INC.

Current Principal Place of Business:

6045 105TH STREET
JACKSONVILLE, FL 32244 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14437
JACKSONVILLE, FL 32210

New Mailing Address:

PO BOX 14437
JACKSONVILLE, FL 32238

FEI Number: 59-3607158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMASHUM, SALENA S
8535 CHERYL ANN LN
JACKSONVILLE, FL 32244 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: PRES () Delete
Name: CHAMBERS, DAMIAN
Address: 2356 CONSTITUTION DR.
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: RUSNAK, DAVID
Address: 8131 DONEGAL LN.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC () Delete
Name: GRUBBS, CHRISTOPHER
Address: 7652 JANA LN
City-St-Zip: JACKSONVILLE, FL 32210

Title: TREA () Delete
Name: SMASHUM, SALENA
Address: 8535 CHERYL ANN LN.
City-St-Zip: JACKSONVILLE, FL 32244

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
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: SALENA SMASHUM

TREA

02/15/2009

Electronic Signature of Signing Officer or Director

Date