

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14253 (1)
1. Corporation Name
WESTSIDE ATHLETIC ASSOCIATION INCORPORATED



Principal Place of Business Mailing Address
**6121 COLLINS RD.
LOT 14
JACKSONVILLE FL 32244
US**

3. Date Incorporated or Qualified **04/08/1986** 3a. Date of Last Report **01/23/1995**
4. FEI Number **10-0332900** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **6045 105th ST.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **JACKSONVILLE, FL.** 27
City & State City & State
23 **32244** 28
Zip Zip
24 **DUVAL** 29 **FL** 30
Country Country

9. Name and Address of Current Registered Agent

**EBREO, RICHARD J. J
6121 COLLINS RD.
LOT 14
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EBREO, RICHARD J. JR.	
STREET ADDRESS	6121 COLLINS RD., LOT 14	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RAPOZA, KELLY	
STREET ADDRESS	5880 OAKLANE DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHERRY MANOR	
STREET ADDRESS	5880 ALLSPICE CIRCLE WEST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRICKLE, DONALD	
STREET ADDRESS	5912 NAUGHTON LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13. If changed, or in an attachment with an address.

SIGNATURE:

[Signature]

RICHARD J. EBREO JR. 1-16-96

904-384-8772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)