

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000001431 (2)**
1. Corporation Name

THE WESTSIDE AREA RESIDENTS ASSOCIATION, INC.



Principal Place of Business 5327 ATTLEBORO STREET JACKSONVILLE FL 32205	Mailing Address 5327 ATTLEBORO STREET JACKSONVILLE FL 32205
---	---

3. Date Incorporated or Qualified 03/10/1997
--

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---------------	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 P. O. Box 37049 26 Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 29 Zip 30 Duval
---	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--

9. Name and Address of Current Registered Agent

**GOODMAN, JONATHAN H ESQ
1377 CASSAT AVENUE
JACKSONVILLE FL 32205**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Ralph J. Malphurs, Sr.
STREET ADDRESS		1.3 STREET ADDRESS	5327 Attleboro Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Roger F. Malphurs
STREET ADDRESS		2.3 STREET ADDRESS	5068 Kingsbury Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Charles W. Kelley
STREET ADDRESS		3.3 STREET ADDRESS	790 South Ellis Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Brad Straley
STREET ADDRESS		4.3 STREET ADDRESS	7882 Knoll Drive North
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32221
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Ralph J. Malphurs, Jr.
STREET ADDRESS		5.3 STREET ADDRESS	2234 Cypress Landing
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32233
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	B. Jean McCorkel
STREET ADDRESS		6.3 STREET ADDRESS	5683 Vista Verde
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32244

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Ralph J. Malphurs, Sr.* **REQUIRED** *JANUARY 30, 1998 (904) 986-9546*

CR02E037 (10/97)

13. Additional Officers and Directors:

7.1 Title	T/D
7.2 Name	Docia L. Mayfield
7.3 Address	5420 Kingsbury Street
7.4 City-St-Zip	Jacksonville, Florida 32205

8.1 Title	D
8.2 Name	Floyd Evans
8.3 Address	5463 Royce Avenue
8.4 City-St-Zip	Jacksonville, Florida 32205

9.1 Title	D
9.2 Name	Marvin Jackson
9.3 Address	8200 Herlong Road
9.4 City-St-Zip	Jacksonville, Florida 32210