# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 22, 2009**
**Secretary of State**

DOCUMENT# N97000006285

**Entity Name:** WESTSIDE SOCCER CLUB, INC.

**Current Principal Place of Business:**

5345 ORTEGA BLVD
SUITE 4
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380046
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number: 59-3478316** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, SUZETTE W
4554 HUNTINGTON RD
JACKSONVILLE, FL 32210 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: TD ( ) Delete
Name: ALEXANDER, SUZETTE W
Address: 4554 HUNTINGTON RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete
Name: GARLINGHOUSE, DALE M
Address: 8571 LONGFORD DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD ( ) Delete
Name: NEWTON, WILLIAM
Address: 5025 PIRATES COVE ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: WORTHINGTON, KRISTINA
Address: 8291 BARRACUDA ROAD
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: SUZETTE ALEXANDER TD 04/22/2009

Electronic Signature of Signing Officer or Director — Date