

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 009 ****61.25

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1. Entity Name
**WESTSIDE BUSINESS LEADERS ASSOCIATION
CHARITIES, INC.**



Principal Place of Business
**P.O. BOX 7243
JACKSONVILLE, FL 32238**

Mailing Address
**P. O. BOX 7243
JACKSONVILLE, FL 32238**

40023568



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3531117

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOODMAN, JONATHAN
1377 CASSAT AVE.
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MOORE, CARL ☒ Delete
STREET ADDRESS 4157 SAN JUAN AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP
NAME MOORE, CARL ☒ Delete
STREET ADDRESS 4157 SAN JUAN AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE TD
NAME WHITE, SUSAN ☐ Delete
STREET ADDRESS 3412 CHOSEBERRY CT.
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE SD
NAME BURGSTIRER, OPAL ☒ Delete
STREET ADDRESS 5454 NORMANSY BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE VD
NAME HOLECHECK, JOHN ☒ Delete
STREET ADDRESS 3418 PICKWICK DR. S
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President, D ☒ Change ☒ Addition
NAME KATRENA PITTS
STREET ADDRESS 4441 Wesconnect Blvd
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP ☒ Change ☒ Addition
NAME Les SPICER
STREET ADDRESS 6964 W. 12th St
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☒ Change ☒ Addition
NAME Tammy Megowan
STREET ADDRESS 830 Hickeyville Rd
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VD ☒ Change ☒ Addition
NAME JK GRAFE
STREET ADDRESS 5605 Wesconnect Blvd
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan White **SUSAN WHITE** 2/26/07 (904) 772-1313