


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90052 017 \*\*\*\*61.25

<b>DOCUMENT # N98000002871</b>					
<b>1. Entity Name</b> WESTSIDE BUSINESS LEADERS ASSOCIATION CHARITIES, INC.					
<b>Principal Place of Business</b> P.O. BOX 7243 JACKSONVILLE, FL 32238			<b>Mailing Address</b> P. O. BOX 7243 JACKSONVILLE, FL 32238		
<b>2. Principal Place of Business - No P.O. Box #</b> P.O. BOX 37232		<b>3. Mailing Address</b> P.O. BOX 37232			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b> JACKSONVILLE, FL		<b>4. FEI Number</b> 59-3531117	
<b>Zip</b> 32236-7232		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOODMAN, JONATHAN 1377 CASSAT AVE. JACKSONVILLE, FL 32205			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> MOORE, CARL <b>STREET ADDRESS</b> 4157 SAN JUAN AVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> LES SPICER <b>STREET ADDRESS</b> 6964 W. 12th ST. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32220	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> MOORE, CARL <b>STREET ADDRESS</b> 4157 SAN JUAN AVE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WHITE, SUSAN <b>STREET ADDRESS</b> 3412 CHOSEBERRY CT. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> VERNA FIELDS <b>STREET ADDRESS</b> 4956 RED PINE CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BURGSTIRER, OPAL <b>STREET ADDRESS</b> 5454 NORMANSY BLVD. <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> TAMMY MEGOWAN <b>STREET ADDRESS</b> 830 PICKETTVILLE RD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32220	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> HOLECHECK, JOHN <b>STREET ADDRESS</b> 3418 PICKWICK DR. S <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> J. B. RENNINGER <b>STREET ADDRESS</b> 13450 LAKE FRETWELL ST <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Verna N. Fields</i>			VERNA N. FIELDS		4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # 904-771-7450