


NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N9800006532		
1. Corporation Name WESTSIDE INVOLVED NEIGHBORS INCORPORATED		
Principal Place of Business 510 S. LANE AVE. JACKSONVILLE FL 32254	Mailing Address 510 S. LANE AVE. JACKSONVILLE FL 32254	

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 904-998-3000



1. Principal Place of Business 7059 Ramona Blvd.	2a. Mailing Address 7059 Ramona Blvd.	3. Date Incorporated or Qualified 11/13/1998
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 	4. FEI Number 59-3557670
City & State Jacksonville	City & State Jacksonville	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 32205 USA	Zip Country 32205 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WELTON, PATRICK 510 S. LANE AVE. JACKSONVILLE FL 32254		10. Name and Address of New Registered Agent 81 Name Rick Waller 82 Street Address (P.O. Box Number is Not Acceptable) 7059 Ramona Blvd. 83 84 City Jacksonville FL 85 Zip Code 32205

I, 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]* DATE: **8-11-99**

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E 1.1 TITLE PD WALLER, RICK <input type="checkbox"/> DELETE	1.2 NAME 7059 RAMONA BLVD.	1.1 TITLE Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME Frank Castellano
1.3 STREET ADDRESS JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP JACKSONVILLE, FL 32205	1.3 STREET ADDRESS 5540 Ramona Blvd	1.4 CITY-ST-ZIP Jacksonville, FL 32205
E 2.1 TITLE VD SLEDGE, VERONICA <input type="checkbox"/> DELETE	2.2 NAME 6570 ROMONA BLVD.	2.1 TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME Ann Nguyen
2.3 STREET ADDRESS JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP JACKSONVILLE FL 32205	2.3 STREET ADDRESS 622-9 Cassat Avenue	2.4 CITY-ST-ZIP Jacksonville, FL 32205
E 3.1 TITLE TD WELTON, PATRICK <input checked="" type="checkbox"/> DELETE	3.2 NAME 510 S. LANE AVE.	3.1 TITLE 	3.2 NAME
3.3 STREET ADDRESS JACKSONVILLE FL 32254	3.4 CITY-ST-ZIP JACKSONVILLE FL 32254	3.3 STREET ADDRESS 	3.4 CITY-ST-ZIP
E 4.1 TITLE SD CUMMINGS, KAY <input checked="" type="checkbox"/> DELETE	4.2 NAME 510 S. LANE AVE.	4.1 TITLE 	4.2 NAME
4.3 STREET ADDRESS JACKSONVILLE FL 32254	4.4 CITY-ST-ZIP JACKSONVILLE FL 32254	4.3 STREET ADDRESS 	4.4 CITY-ST-ZIP
E 5.1 TITLE D MCINTYRE, HOWARD <input checked="" type="checkbox"/> DELETE	5.2 NAME 5335 RAMONA BLVD.	5.1 TITLE 	5.2 NAME
5.3 STREET ADDRESS JACKSONVILLE FL 32205	5.4 CITY-ST-ZIP JACKSONVILLE FL 32205	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
E 6.1 TITLE D BAUMWALD, SANDY D <input checked="" type="checkbox"/> DELETE	6.2 NAME 5800 RAMONA BLVD.	6.1 TITLE 	6.2 NAME
6.3 STREET ADDRESS JACKSONVILLE FL 32205	6.4 CITY-ST-ZIP JACKSONVILLE FL 32205	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE: *[Signature]* DATE: **7-15-99** DECLINE FEE: **904-786-3532**

CRZ0037 (\$99)

10-7-99

To Whom it may concern;

Please find enclosed a revised Annual report,
to include our FEE*.

If you have any questions please contact
me.

Rutard A. Waller

904-786-3532 (Voice)

904-783-1661 (Fax)

7059 Ramona Blvd

JAX, FL. 32205