

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90061 030 \*\*\*\*61.25

**DOCUMENT # 704162**

1. Entity Name

**WESTSIDE CHRISTIAN CHURCH INC AT JACKSONVILLE, F  
 LORIDA**

Principal Place of Business

Mailing Address

**7629 HERLONG ROAD  
 JACKSONVILLE FL 32210**

**7629 HERLONG ROAD  
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

**6566 103RD ST**

**6566 103RD ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville FL**

City & State

**Jacksonville FL**

Zip

**32210**

Country

**USA**

Zip

**32210**

Country

**USA**

4. FEI Number

**59-1989441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAKE, WILLIAM E  
 2119 CENTERWAY  
 MIDDLEBURG FL 32068**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **CTD**  
 STREET ADDRESS **BLAKE, BILL**  
 CITY-ST-ZIP **2119 CENTERWAY**  
**MIDDLEBURG FL 32068**

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

TITLE ☐ Delete  
 NAME **VCTD**  
 STREET ADDRESS **ROGERO, JOE**  
 CITY-ST-ZIP **8830 MARLEE RD**  
**JACKSONVILLE FL 32222**

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

TITLE ☒ Delete  
 NAME **EVANS, JIM**  
 STREET ADDRESS **8985 NORMANDY BLVD., LOT #85**  
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☒ Change ☐ Addition  
 NAME **Winstead, William**  
 STREET ADDRESS **1496 Bloomingdale Road**  
 CITY-ST-ZIP **Jacksonville, FL 32221-6516**

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **COPPINS, EVERETT**  
 CITY-ST-ZIP **4110 SHARBETH DR W**  
**JACKSONVILLE FL 32210**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

12. 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 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: **W.E. Blake William E. Blake**

**3-2-2002 904-366-4497**

CR2E037 (9/01)