

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011550

Entity Name: WESTSIDE COMMUNITY CENTER, INC.**Current Principal Place of Business:**431 SW BIRLEY AVENUE
LAKE CITY, FL 32024**Current Mailing Address:**5578 SW PINEMOUNT ROAD
LAKE CITY, FL 32024**FEI Number:** 61-1608751**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STANLEY, PENNY
135 N E HERNANDO ST
STE 203
LAKE CITY, FL 32055 US*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:** PENNY STANLEY

01/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	STANLEY, PENNY
Address	135 N E HERNANDO ST STE 203
City-State-Zip:	LAKE CITY FL 32055

Title	TRES
Name	COLSON, RUBY
Address	5578 SW PINEMOUNT RD.
City-State-Zip:	LAKE CITY FL 32024

Title	EVENTS CORDINATOR
Name	MCGUIRE, FLOSSIE
Address	444 SW BIRLEY AVENUE
City-State-Zip:	LAKE CITY FL 32024

Title	MAINTENANCE DIRECTOR
Name	HAMILTON , DAVID
Address	247 SW RAYBURN COURT
City-State-Zip:	LAKE CITY FL 32024

Title	VP
Name	STANLEY, JERRY
Address	167 SW CAROL PLACE
City-State-Zip:	LAKE CITY FL 32055

Title	EVEN
Name	COATS, LUCILLE
Address	5363 SW PINEMOUNT RD.
City-State-Zip:	LAKE CITY FL 32024

Title	SECRETARY
Name	HOWARD, LINDA S
Address	246 SW WHEAT PLACE
City-State-Zip:	LAKE CITY FL 32024

I hereby 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 all other like empowered.

SIGNATURE: PENNY STANLEY**PRESIDENT**

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date