

**2014 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:** Yes**Name and Address of Current Registered Agent:**BATTEN, STANLEY  
4818 US HWY 90 WEST, SUITE 102  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRES
Name	BATTEN, STANLEY
Address	4818 US HWY 90 WEST, SUITE 102
City-State-Zip:	LAKE CITY FL 32055

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

Title	CO-V
Name	STANLEY, JERRY
Address	167 SW CAROL PLACE
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	EVEN
Name	COATS, LUCILLE
Address	5363 SW PINEMOUNT RD.
City-State-Zip:	LAKE CITY FL 32024

Title	SEC
Name	HOWARD, LINDA S
Address	246 SW WHEAT PLACE
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

*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: RUBY COLSON****TREASURER****02/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date