

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704162 (7)

1. Corporation Name

WESTSIDE CHRISTIAN CHURCH INC AT JACKSONVILLE, FLORIDA



Principal Place of Business

Mailing Address

7629 HERLONG ROAD JACKSONVILLE FL 32210

7629 HERLONG ROAD JACKSONVILLE FL 32210

3. Date Incorporated or Qualified 06/12/1962
3a. Date of Last Report 04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1989441

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TISON, LAWRENCE G.
3945 HUNTERS LAKE CIRCLE, WEST
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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, for 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 617.0504, Florida Statutes.

SIGNATURE

Signature of or printed name of registered agent and Director applicable

Signature of Registered Agent, not applicable

DATE

Lawrence G. Tison

February 25, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, BILL	
STREET ADDRESS	2119 CENTERWAY	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	VCT	<input checked="" type="checkbox"/> DELETE
NAME	RAUGERO, JOE	
STREET ADDRESS	8830 MARLEE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	TISON, GREG	
STREET ADDRESS	3945 HUNTERS LAKE CIRCLE, WEST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DUGGAR, STEVE	
STREET ADDRESS	7922 LORIENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CHAIRMAN D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TISON, LAWRENCE G	
1.3 STREET ADDRESS	3945 HUNTERS LAKE CIR W	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
2.1 TITLE	VICE CHAIRMAN D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BLAKE, BILL	
2.3 STREET ADDRESS	2119 CENTERWAY	
2.4 CITY-ST-ZIP	MIDDLEBURG, FLA	
3.1 TITLE	TREASURER D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIGGS, PATRIK T.	
3.3 STREET ADDRESS	7735 TAVERMERE Blvd	
3.4 CITY-ST-ZIP	JACKSONVILLE FLA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	→ SAME ← DIRECTOR	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	100001772111	
5.4 CITY-ST-ZIP	-04/08/96--01035--015	
6.1 TITLE	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence G. Tison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 25, 1996 (904)
771-0240
SC-4-6-96

CR2E037 (12/95)