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04-01-1999 90025 027 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704162

1. Corporation Name
WESTSIDE CHRISTIAN CHURCH INC AT JACKSONVILLE, FLORIDA

Principal Place of Business
 7629 HERLONG ROAD
 JACKSONVILLE FL 32210

Mailing Address
 7629 HERLONG ROAD
 JACKSONVILLE FL 32210



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1989441	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

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		85
				MIDDLEBURG FL 32068			

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, 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: *William E. Blake* DATE: *March 28, 1999*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLAKE, BILL			1.2 NAME			
STREET ADDRESS	2119 CENTERWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068			1.4 CITY-ST-ZIP			
TITLE	VCTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROGERO, JOE			2.2 NAME			
STREET ADDRESS	8830 MARLEE RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32222			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TISON, GREG			3.2 NAME			
STREET ADDRESS	3945 HUNTERS LAKE CIR W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COPPINS, EVERETT			4.2 NAME			
STREET ADDRESS	4110 SHARBETH DR W			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			4.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HORTON, CARLTON			5.2 NAME			
STREET ADDRESS	6550 BO PEEP DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *William E. Blake* DATE: *March 28, 1999* (904) 366-4497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)