


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90040 050 \*\*\*\*61.25

**DOCUMENT # 704162**

1. Entity Name  
**WESTSIDE CHRISTIAN CHURCH INC AT JACKSONVILLE, FLORIDA**



Principal Place of Business  
 6566 103RD ST  
 JACKSONVILLE, FL 32210

Mailing Address  
 6566 103RD ST  
 JACKSONVILLE, FL 32210

2. Principal Place of Business  
**556 New Brunswick Terr**

3. Mailing Address  
**556 New Brunswick Terr**

Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State  
**Jacksonville, FL**

Zip Country  
**32221 US**

Zip Country  
**32221 US**

40101351



07182006 Chg-NP CR2E037 (4/06)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee Is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CTD	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, MIKE	
STREET ADDRESS	10345 SUGAR GROVE ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	VCTD	<input type="checkbox"/> Delete
NAME	HAYS, WALLY	
STREET ADDRESS	5855 PIPER GLEN BLVD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32222	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINSTEAD, WILLIAM	
STREET ADDRESS	1496 BLOOMINGDALE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 322216516	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUELLER, DAVID	
STREET ADDRESS	6304 AUTIAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAKE, WILLIAM E.	
STREET ADDRESS	2119 CENTER WAY	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYS, WALLY	
STREET ADDRESS	2403 Chuck Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VCTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blake, William E.	
STREET ADDRESS	2119 Center Way	
CITY-ST-ZIP	Middleburg FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Collier, Mike	
STREET ADDRESS	10345 Sugar Grove Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** William E. Blake 8/7/06 904 2691688

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