


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 709644**  
 1. Entity Name  
**WESTSIDE INDEPENDENT METHODIST CHURCH INC.**



Principal Place of Business <b>6567 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>	Mailing Address <b>6567 SAN JUAN AVENUE JACKSONVILLE, FL 32210</b>
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**DO NOT WRITE IN THIS SPACE**



01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3048727</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CASON, JAMES**  
**7245 ZAPATA DR**  
**JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	NAME <b>SMOTHERMAN, VIRGINIA</b>
STREET ADDRESS <b>8313 FROST ST N</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32221</b>
TITLE <b>CT</b>	NAME <b>CASON, JAMES</b>
STREET ADDRESS <b>7245 ZAPATA DR</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>
TITLE <b>D</b>	NAME <b>WHITE, EVA</b>
STREET ADDRESS <b>6455 SAN JUAN AVE APT 47</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32210</b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

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 01/09/08-80034-009 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *James E. Cason* **JAMES E. CASON** *AGENT* **1-7-08** **777-4051**  
 \_\_\_\_\_ **783-3330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #