1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am § Secretary of State

04-27-1999 90177 027 ****70.00

DOCUMENT # 729395

1. Corporation Name

WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.

Principal Place of Business 2725 LAURA ST. AT 18TH ST. JACKSONVILLE FL 32206-2830 Mailing Address

2725 LAURA ST. AT 18TH ST. JACKSONVILLE FL 32206-2830

2. Princip	a Place of Business	2a. Mailing Address 26				3. Date Incorporated or Qualifed 04/18/1974						
	pt. #, etc. Suite, Apt. #, etc.					4. FEI Number				App	ied For	
22	420.71.000	27				59-243	7255			Not	Applicable	
City &	State	City & State				5. Certificate of Status Desired			\$8.75 Additional Fee Required			
. Zip	Country	Zip	Country			6. Election Campaign Financing			\$5.00 May Be			
24	25	29	30			Trust Fund Contribution					Added to Fees	
	9. Name and Address of Current	Registered Agent		_		10. Name ar	d Address of New	Registered /	Agent			
	81 Name										Į	
STEWART, GERALD B.				82 Street Address (P.O. Box Number is Not Acceptable)								
	ROAD ST.		83									
JACKS	ONVILLE FL 32202		8	3								
			8-	4 Cit	, _			FI	85	Zip C	de	
44 -	ant to the provisions of Sections 617.0502	C47 4500 Florida C4-4-4-	a the abo	<u> </u>	nd cc ==	poration submits	this statement for th	e numose of	changin	a its re	nistered	
office	ant to the provisions of Sections 617,0502 or registered agent, or both, in the State o . I am familiar with, and accept the obligati	f Florida. Such change was au	ithorized b	y the c	orporatio	on's board of dir	ectors. I hereby acco	ept the appoir	ntment a	is reg	stered	
SIGNATU	FE	The state of the s	Practicate 4 A :	noi e!	ura para la	d when reinstating)		DATE			i	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	aur ziðua	ure redi ner		IS/CHANGES TO O		D DIRE	CTOF	S IN 12	
TITLE	CD	DELETE	1.1 TITLE						☐ Chai		☐ Addition	
NAME	JACKSON, ANDREW		1.2 NAME									
STREET ADDR			1.3 STRE		ESS							
CITY-ST-ZIP	JACKSONVILLE FL_		1.4 CITY-									
TITLE	TSD	☐ DELETE	2.1 TITLE						Cha	nge	☐ Addition	
NAME	GRIFFIN, LENDWARD, JR.		2.2 NAME	•								
STREET ADD	ESS 7527 LUEDERS AVE.		2.3 STRE	ET ADDR	ESS							
CITY-ST-ZIP	JACKSONVILLE FL_		2. 4 CITY	-ST-ZIP								
TITLE	VD	☐ DELETE	3.1 TITLE						Cha	nge	☐ Addition	
NAME	CARTER, GEORGE F		3.2 NAME	Ē								
STREET ADDI	ss 11557 KEY BISCAYNE DR.		3.3 STRE	ET ADDR	ESS							
CITY+ST-ZIP	JACKSONVILLE FL		3.4. CITY-		<u> </u>				☐ Cha		Addition	
TITLE	VS	☐ DELETE	4.1 TITLE						cna	ıı ığ ıc	☐ Addition	
NAME	KELLY, HAROLD R		4. 2 NAM									
STREET ADDR	VVII 11.00000000000000000000000000000000000		4.3 STRE		ESS							
CITY-ST-ZIP	JACKSONVILLE FL.	□ DELETE	4.4 CITY-				~		Cha	inge .	Addition	
TITLE			5.1 TITLE 5.2 NAME						5.10			
NAME	w.aa		5.3 STRE		ESS							
STREET ADD	¢.55		5.4 CITY-									
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		-+-	***	<u></u>		☐ Cha	inge	Addition	
	,	٠	6.2 NAME	Ē								
NAME	v:aa		6.3 STRE		ESS							
STREET ADD	d:22		0.4.0077	OT 315								

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 attactyment with an address, with all other like empowered.

SIGNATURE:

SKINATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/32/49 904-353

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