

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729395

1. Entity Name

WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91501 025 ****70.00

Principal Place of Business

23 West 8th St.
2725 LAURA ST. AT 18TH ST.
JACKSONVILLE FL 32206-2830

Mailing Address

23 West 8th St.
2725 LAURA ST. AT 18TH ST.
JACKSONVILLE FL 32206-2830

2. Principal Place of Business

23 W. 8th Street
Suite, Apt. #, etc.

3. Mailing Address

23 West 8th St.
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2437255

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, GERALD B.
816 BROAD ST.
JACKSONVILLE FL 32202

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JACKSON, ANDREW
2405 BURGONE DR.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
GRIFFIN, LENDWARD, JR.
7527 LUEDERS AVE.
JACKSONVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
DENSON, RONNIE
8450 BLAZING STAR Road
JACKSONVILLE, FL. 32210 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CARTER, GEORGE F
11557 KEY BISCAINE DR.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
KELLY, HAROLD R
6044 TRIUMPH LN W.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)