


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90219 019 ****70.00

DOCUMENT # 729395					
1. Entity Name WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.					
Principal Place of Business 23 W 8 STREET JACKSONVILLE FL 32206-2830		Mailing Address 23 W 8 STREET JACKSONVILLE FL 32206-2830			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2437255	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, GERALD B. 816 BROAD ST. JACKSONVILLE FL 32202			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, ANDREW		NAME	ALLMAN, ADRIAN	
STREET ADDRESS	2405 BURGOYNE DR.		STREET ADDRESS	5807 LISKA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	JAX, FL 32244	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, GEORGE F		NAME		
STREET ADDRESS	11557 KEY BISCAYNE DR.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, HAROLD R		NAME		
STREET ADDRESS	6044 TRIUMPH LN W.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP		
TITLE	TSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENSON, RONNIE		NAME		
STREET ADDRESS	8450 BLAZING STAR ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Andrew Jackson SR</i> <i>Adrian Allman</i> 4-13-05 904-353-5063					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					