## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#729395** 

FILED Apr 05, 2009 Secretary of State

Entity Name: WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.

	rincipal Place of Business:	New Principal Place of Business:
23 W 8 ST JACKSON	REET WILLE, FL 322062830	
Current M	lailing Address:	New Mailing Address:
23 W 8 ST JACKSON	REET VILLE, FL 322062830	
El Number	: 59-2437255 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)
Name and	Address of Current Registered Age	ent: Name and Address of New Registered Agent:
	ERALD TEL DRIVE IVILLE, FL 32208 US	
	named entity submits this statement fo e of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE:	
	Electronic Signature of Register	ed Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: Name: Address: Dity-St-Zip:	CD () Delete STEWART JR., LONNIE, 5111 DUSTAN RD JACKSONVILLE, FL 32208	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	VD ( ) Delete CARTER, GEORGE F 11557 KEY BISCAYNE DR. JACKSONVILLE, FL	Title: VD (X) Change ( ) Addition Name: WILLIAMS, LORENZO Address: 5978 FURY DRIVE City-St-Zip: JACKSONVILLE, FL 32244
lame: Address: City-St-Zip: Title: Jame: Address:	CARTER, GEORGE F 11557 KEY BISCAYNE DR.	Name: WILLIAMS, LORENZO Address: 5978 FURY DRIVE
Name: Nddress:	CARTER, GEORGE F 11557 KEY BISCAYNE DR. JACKSONVILLE, FL  VS () Delete DENSON, RONNIE 8450 BLAZING STAR RD.	Name: WILLIAMS, LORENZO Address: 5978 FURY DRIVE City-St-Zip: JACKSONVILLE, FL 32244  Title: ( ) Change ( ) Addition Name: Address:
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	CARTER, GEORGE F 11557 KEY BISCAYNE DR. JACKSONVILLE, FL  VS ( ) Delete DENSON, RONNIE 8450 BLAZING STAR RD. JACKSONVILLE, FL 32210  TD ( ) Delete SPENCER, CHARLES 590 QUEENS HARBOUR RD	Name: WILLIAMS, LORENZO Address: 5978 FURY DRIVE City-St-Zip: JACKSONVILLE, FL 32244  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE JAMES DENSON SR. VS 04/05/2009