


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90353 046 ****61.25

DOCUMENT # 738231 1. Entity Name WESTSIDE BAPTIST CHURCH OF JACKSONVILLE, INC.					
Principal Place of Business 7775 HERLONG ROAD JACKSONVILLE, FL 32210			Mailing Address 7775 HERLONG ROAD JACKSONVILLE, FL 32210		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1028789				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, CARL K 7775 HERLONG RD JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, CARL K <input type="checkbox"/> Delete 7775 HERLONG RD JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, J.R. <input type="checkbox"/> Delete 1704 LONDONDERRY DR JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, SCOTT <input checked="" type="checkbox"/> Delete 4984 ORTEGA FOREST JACKSONVILLE, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Morbach, Kevin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 782 Ashwood St Orange Park, FL 32065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, MYRA F <input type="checkbox"/> Delete 5400-10 LAMOYA AVE JAX, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTSON, STEPHANIE <input type="checkbox"/> Delete 9036 FAIRGLADE DR S JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDES, DOUGLAS <input checked="" type="checkbox"/> Delete 965 REXFIELD TERR JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dykes, Wesley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7775 Herlong Rd Jacksonville, FL 32210	
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: <i>Myra F. Simmons</i> Myra F. Simmons			3/24/2006 904-781-0618		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		