

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004814
 1. Entity Name
WESTSIDE CENTER FOR COMMUNITY AND SELF DEVELOPMENT INCORPORATED



Principal Place of Business Mailing Address
 5615-1 WESCONNETT BLVD. 4745 DUNDEE CIRCLE
 JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210-5321



DO NOT WRITE IN THIS SPACE

01232004 No Chg-NP CR2E037 (10/03)
 4. FEI Number **59-3744699** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COOPER, TERRENYCE J
4745 DUNDEE CIRCLE
JACKSONVILLE, FL 32210

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

4000000042363
 02/10/04-80021-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COOPER, TERRENYCE J
STREET ADDRESS	4745 DUNDEE CIRCLE
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	WHEELER, THOMAS H
STREET ADDRESS	2667 ERNEST ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	D
NAME	WHEELER, PATRICIA
STREET ADDRESS	2667 ERNEST ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Terrence J. Cooper 02/06/04 (904) 591-6205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #