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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22740
 Corporation Name
THE WESTSIDE CHRISTIAN FAMILY CHAPEL, INC.

Principal Place of Business
2065 HERSCHEL ST
JACKSONVILLE FL 32204

Mailing Address
% 2065 HERSCHEL ST
JACKSONVILLE FL 32204



Principal Place of Business 4541-B SHIRLEY AVE Suite, Apt. #, etc.	2a. Mailing Address 4541-B SHIRLEY AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/29/1987
City & State JACKSONVILLE FL	City & State JACKSONVILLE, FL	4. FEI Number 59-2857371 Applied For <input type="checkbox"/> Not Applicable
Zip 32210 <input type="checkbox"/> 25 USA	Zip 32210 <input type="checkbox"/> 30 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent COLEMAN, PATRICK D. 2065 HERSCHEL STREET JACKSONVILLE FL 32204		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D COLEMAN, PATRICK D. 4834 ALGONQUIN AVE JACKSONVILLE FL <input type="checkbox"/> DELETE		1.1 TITLE FRANK ALCON 4304 ORTEGA FOREST DR JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D CRENSHAW, MCCARTHY JR 3855 ST JOHNS AVE JACKSONVILLE FL <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MITCHELL, KENNETH R. 5207 ORTEGA GLEN DRIVE JACKSONVILLE FL <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D LEWIS, DICK 4900 ARAPAHOE AVE JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 1999

Date

904 388 5117

Daytime Phone #

CR2E037 (11/98)