

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90090 032 \*\*\*\*70.00

**DOCUMENT # N22740**

1. Entity Name

**THE WESTSIDE CHRISTIAN FAMILY CHAPEL, INC.**

Principal Place of Business

**4541-B SHIRLEY AVENUE  
 JACKSONVILLE FL 32216  
 US**

Mailing Address

**4541-B SHIRLEY AVENUE  
 JACKSONVILLE FL 32216  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2857371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, PATRICK D.  
 2065 HERSCHEL STREET  
 JACKSONVILLE FL 32204**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **COLEMAN, PATRICK D.**  
 CITY-ST-ZIP **4834 ALGONQUIN AVE  
 JACKSONVILLE FL**

TITLE ☐ Change ☒ Addition  
 NAME **D BROOKS, ALLAN F II**  
 STREET ADDRESS **101 E. ADAMS ST.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CRENSHAW, MCCARTHY JR**  
 CITY-ST-ZIP **3855 ST. JOHNS AVE  
 JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MITCHELL, KENNETH R.**  
 CITY-ST-ZIP **5207 ORTEGA GLEN DRIVE  
 JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ALCORN, FRANK**  
 CITY-ST-ZIP **4304 ORTEGA FOREST DRIVE  
 JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: KENNETH R. MITCHELL** **9/12/2002** **388-5117**

CR2E037 (4/02)