


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90006 040 ****61.25

DOCUMENT # N22740
 1. Entity Name
THE WESTSIDE CHRISTIAN FAMILY CHAPEL, INC.



Principal Place of Business 4541-8 SHIRLEY AVENUE JACKSONVILLE FL 32210-2069 US	Mailing Address 4541-8 SHIRLEY AVENUE JACKSONVILLE FL 32210-2069 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent
COLEMAN, PATRICK D.
~~2065 HERSCHEL STREET~~ *4834 Algonquin Ave.*
~~JACKSONVILLE FL 32204~~ *Jacksonville, FL 32210*

4. FEI Number **59-2857371**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	COLEMAN, PATRICK D.
STREET ADDRESS	4834 ALGONQUIN AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CRENSHAW, MCCARTHY JR
STREET ADDRESS	3855 ST JOHNS AVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	MITCHELL, KENNETH R.
STREET ADDRESS	5207 ORTEGA GLEN DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D <input type="checkbox"/> Delete
NAME	ALCORN, FRANK
STREET ADDRESS	4287 VENETIA BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	D <input type="checkbox"/> Delete
NAME	BROOKE, ALLAN F II
STREET ADDRESS	101 E ADAMS ST
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patrick D. Coleman* *Jan 30 2006 904 388 5117*