

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 004 ****70.00

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1st MOORE CR2E037 (10/07)

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2857371	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, PATRICK D. 2066 HERSCHEL STREET JACKSONVILLE FL 32204			7. Name and Address of New Registered Agent		
<i>New address →</i>			Name		
			Street Address (P.O. Box Number is Not Acceptable) 800 West Monroe ST		
			City Jacksonville	FL	Zip Code 32202
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 _____ (NOTE: Registered Agent signature is not required when certifying)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, PATRICK D.		NAME		
STREET ADDRESS	4834 ALGONQUIN AVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRENSHAW, MCCARTHY JR		NAME		
STREET ADDRESS	3855 ST JOHNS AVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, KENNETH R.		NAME		
STREET ADDRESS	5207 ORTEGA GLEN DRIVE		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32210		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALCORN, FRANK		NAME		
STREET ADDRESS	4287 VENETIA BLVD.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32210		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKE, ALLAN F II		NAME		
STREET ADDRESS	101 E ADAMS ST		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL 32202		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMMY D. ROBERTS		NAME		
STREET ADDRESS	7325 ORTEGA HILLS DR.		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32244		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 information.					
SIGNATURE: <i>Kenneth R Mitchell</i> KENNETH R MITCHELL 1-24-08					
904 288-5117					