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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28274** (1)

1. Corporation Name

WESTSIDE CHRISTIAN OUTREACH, INC.



Principal Place of Business

Mailing Address

**5417 LENOX AVE
JACKSONVILLE FL 32205
US**

**5417 LENOX AVE
JACKSONVILLE FL 32205
US**

3. Date incorporated or Qualified

08/30/1988

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFORD, BRETTE
1651 TALBOT AVE
JACKSONVILLE FL 32205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE

NAME **SANFORD, BRETTE**
STREET ADDRESS **1651 TALBOT AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **PORTER, HAZEL**
STREET ADDRESS **5417 LENOX AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ DELETE

NAME **GEIGER, BILL**
STREET ADDRESS **5230 HARLOW BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE

NAME **ALLYN, JACK**
STREET ADDRESS **2270 BLANDING BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
GEIGER, BILL
5230 HARLOW BOULEVARD
JACKSONVILLE FL 32210**

**PD
ALLYN, JACK
2270 BLANDING BOULEVARD
JACKSONVILLE, FL 32210**

**VD
BUD ALATH
Post Office Box 706
Whitehouse, FL 32220 N/A**

**MD
WILLIAM L. FORD
4949 LOFFY PINES CIRCLE EAST
JACKSONVILLE, FL 32210**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Brette Sanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRETTE SANFORD

3/14/96

904 389-1195

Date

Daytime Phone #

CR2E037 (12/95)