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Jun 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28274 (1)

1. Corporation Name
WESTSIDE CHRISTIAN OUTREACH, INC.



Principal Place of Business 5417 LENOX AVE JACKSONVILLE FL 32205 US	Mailing Address 5417 LENOX AVE JACKSONVILLE FL 32205-6391 US
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3. Date Incorporated or Qualified 08/30/1988	3a. Date of Last Report 03/21/1996
4. FEI Number 59-2909109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1651 TALBOT AVE Suite, Apt. #, etc.	2a. Mailing Address 26 1651 TALBOT AVE Suite, Apt. #, etc.
22 City & State JACKSONVILLE FL	27 City & State JACKSONVILLE FL
23 Zip 32205	24 Country DUVAL
25 Zip 32205	26 Country DUVAL

9. Name and Address of Current Registered Agent

SANFORD, BRETTE
1651 TALBOT AVE
JACKSONVILLE FL 32205

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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SANFORD, BRETTE	
STREET ADDRESS	1651 TALBOT AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	FORD, WILLIAM L	
STREET ADDRESS	4949 LOFTY PINES CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEIGER, BILL	
STREET ADDRESS	5230 HARLOW BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALYN, JACK	
STREET ADDRESS	2270 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PLATH, BUDDY	
STREET ADDRESS	P O BOX 708	
CITY-ST-ZIP	WHITHOUSE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32205	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32210	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32210	
4.1 TITLE	500002219758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	-06/23/97--01087--018	
4.3 STREET ADDRESS	***61.25	
4.4 CITY-ST-ZIP	32210	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PLATH, BUD	
5.3 STREET ADDRESS	5400 WEST 1ST STREET	
5.4 CITY-ST-ZIP	JACKSONVILLE FL 32254	
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GEORGE STONE	
6.3 STREET ADDRESS	3833 BOONE PARK AVE	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	

14. I do 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 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.

GEORGE STONE

CR2E037 (9/96)