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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. 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 1651 TALBOT AVE JACKSONVILLE FL 32205 US	Mailing Address 1651 TALBOT AVE JACKSONVILLE FL 32205 US
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified 08/30/1988	3a. Date of Last Report 04/30/97
4. FEI Number 59-2909109	Applied For <input type="checkbox"/> Not Applied
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	

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
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 renaming) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S/D	NAME SANFORD, BRETTE	1.1 TITLE S/D	1.2 NAME ROBERTS, NOEL
STREET ADDRESS 1651 TALBOT AVE	CITY-ST-ZIP JACKSONVILLE FL 32205	1.3 STREET ADDRESS 8380 DEVOE ST	1.4 CITY-ST-ZIP JACKSONVILLE FL 32220
TITLE MD	NAME FORD, WILLIAM L	2.1 TITLE MD	2.2 NAME STUDSTILL, GENE W
STREET ADDRESS 4040 LOFTY PINES CIRCLE EAST	CITY-ST-ZIP JACKSONVILLE FL 32210	2.3 STREET ADDRESS 4242 ORTEGA BLVD UNIT 23	2.4 CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE D	NAME GEIGER, BILL	3.1 TITLE	3.2 NAME
STREET ADDRESS 5230 HARLOW BOULEVARD	CITY-ST-ZIP JACKSONVILLE FL 32210	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE PD	NAME ALLYN, JACK	4.1 TITLE	4.2 NAME
STREET ADDRESS 2270 BLANDING BLVD.	CITY-ST-ZIP JACKSONVILLE FL 32210	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE VD	NAME PLATH, BUD	5.1 TITLE	5.2 NAME
STREET ADDRESS 5400 WEST 1ST STREET	CITY-ST-ZIP JACKSONVILLE FL 32254	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE T/D	NAME STONE, GEORGE	6.1 TITLE	6.2 NAME
STREET ADDRESS 3833 BOONE PARK AVE	CITY-ST-ZIP JACKSONVILLE FL 32205	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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.
G H STONE 02/11/98 211 300-1093