


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90009 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N28274 ✓

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
--	--



2. Principal Place of Business 21 5343-1 NORMANDY BLVD Suite, Apt. #, etc.	2a. Mailing Address 26 5343-1 NORMANDY BLVD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/30/1988
22	27	4. FEI Number 59-2909109
23 City & State JACKSONVILLE, FL	28 City & State JACKSONVILLE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32205	25 Country USA	29 Zip 32205
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 GENE W. STUDBILL 82 Street Address (P.O. Box Number is Not Acceptable) 5343-1 NORMANDY BLVD 83 84 City JACKSONVILLE FL 85 Zip Code 32205
---	--

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]* **GENE W. STUDBILL**
 Executive Director
 DATE: **6/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, NOEL	1.2 NAME	
STREET ADDRESS	1651 TALBOT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDBILL, GENE W.	2.2 NAME	
STREET ADDRESS	4242 ORTEGA BLVD UNIT 23	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, BILL	3.2 NAME	
STREET ADDRESS	5230 HARLOW BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLYN, JACK	4.2 NAME	
STREET ADDRESS	2270 BLANDING BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATH, BUDDY	5.2 NAME	
STREET ADDRESS	5400 WEST 1ST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, GEORGE	6.2 NAME	
STREET ADDRESS	3833 BOONE PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **GEORGE H. STONE**
 Treasurer
 DATE: **6/30/99** DAYTIME PHONE #: **904-389-1993**

0000101

CR2E037 (5/99)