

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90096 013 ****61.25

DOCUMENT # N28274

1. Entity Name

WESTSIDE CHRISTIAN OUTREACH, INC.

Principal Place of Business

Mailing Address

5343-1 NORMANDY BLVD
 JACKSONVILLE FL 32205
 US

5343-1 NORMANDY BLVD
 JACKSONVILLE FL 32205-4829
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2909109

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUDSTILL, GENE W
5343-1 NORMANDY BLVD
JACKSONVILLE FL 32205

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, NOEL	
STREET ADDRESS	1651 TALBOT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	MD	<input type="checkbox"/> Delete
NAME	STUDSTILL, GENE W.	
STREET ADDRESS	4242 ORTEGA BLVD UNIT 23	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEIGER, BILL	
STREET ADDRESS	5230 HARLOW BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALLYN, JACK	
STREET ADDRESS	2270 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PLATH, BUDDY	
STREET ADDRESS	5400 WEST 1ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	T D	<input checked="" type="checkbox"/> Delete
NAME	STONE, GEORGE	
STREET ADDRESS	3833 BOONE PARK AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGUS, JOHN	
STREET ADDRESS	5927 OLD TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLYN, JACK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, GLEN	
STREET ADDRESS	3520 HERSCHEL ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEVEN R.	
STREET ADDRESS	4012 ORTEGA FOREST DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	

12. 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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R SMITH
TREASURER
 Date **4/25/00** Daytime Phone # **904-384-3201**

CR2E037 (9/99)