

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 034 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 28274*
1. Entity Name
Westside Christian Outreach Inc.

DO NOT WRITE IN THIS SPACE

672317

2. Principal Place of Business
5343-Normandy Blvd.
Suite, Apt. #, etc.
Jacksonville, FL
City & State
Jacksonville, FL
Zip
32205 Country
USA

3. Mailing Address
5343-Normandy Blvd.
Suite, Apt. #, etc.
Jacksonville, FL
City & State
Jacksonville, FL
Zip
32205 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2909109
Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Studstill, Gene W
Street Address (P.O. Box Number is Not Acceptable)
5343-1 Normandy Blvd
City
Jacksonville FL Zip Code
32205

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD</i> <i>Presley, Dottie</i> <i>304 Bairden Rd</i> <i>Jacksonville FL 32218</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MB</i> <i>Studstill, Gene W.</i> <i>4242 Ortega Blvd. Unit 23</i> <i>Jacksonville FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <i>Baum, Cliff</i> <i>4878 King Richard Rd.</i> <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SP</i> <i>Cleman, Mary</i> <i>2270 Blanding Blvd.</i> <i>Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)