


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28274</b>	
1. Entity Name <b>WESTSIDE CHRISTIAN OUTREACH, INC.</b>	

Principal Place of Business <b>5343-1 NORMANDY BLVD JACKSONVILLE FL 32205 US</b>	Mailing Address <b>5343-1 NORMANDY BLVD JACKSONVILLE FL 32205 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

	
MOORE	CR2E037 (11/03)
4. FEI Number <b>59-2909109</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent  <b>STUDSTILL, GENE W 5343-1 NORMANDY BLVD JACKSONVILLE FL 32205</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Gene W. Studstill, Managing Director</i>	DATE <b>4-9-04</b>

FILE NOW: FEE IS <b>\$61.25</b> Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<input checked="" type="checkbox"/> <b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>MD STUDSTILL, GENE W. 4242 ORTEGA BLVD UNIT 23 JACKSONVILLE FL 32210</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>PD PRESLY, DOROTHY B 304 BAIDEN ROAD JACKSONVILLE FL 32218</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
<b>T/D BAUM, CLIFF 4878 KING RICHARD ROAD JACKSONVILLE FL 32210</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>U000000085225 03/11/04-80039-010 61.25</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Gene W. Studstill</i>	<b>2-19-04 904 786-7494</b>
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