


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 08:00 A**  
**Secretary of State**


**DOCUMENT # N28274**

1. Entity Name  
**WESTSIDE CHRISTIAN OUTREACH, INC.**



Principal Place of Business 5343-1 NORMANDY BLVD JACKSONVILLE, FL 32205 US	Mailing Address 5343-1 NORMANDY BLVD JACKSONVILLE, FL 32205 US
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**DO NOT WRITE IN THIS SPACE**



05162006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2909109	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STUDSTILL, GENE W. 4242 ORTEGA BLVD UNIT 23 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESLY, DOROTHY B 304 BAIDEN ROAD JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUM, CLIFF 4878 KING RICHARD ROAD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000565480  
 05/20/06-80138-006 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cliff Baum / Cliff Baum, Treas. 517-06 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR