


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-18-2007 90026 043 ****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

66018836



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
STUDSTILL, GENE W
5343-1 NORMANDY BLVD
JACKSONVILLE FL 32205

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 _____
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when registering.) DATE:

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: MD NAME: STUDSTILL, GENE W. STREET ADDRESS: 4242 ORTEGA BLVD UNIT 23 CITY- ST- ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: PD NAME: PRESLY, DOROTHY B STREET ADDRESS: 304 BAIDEN ROAD CITY- ST- ZIP: JACKSONVILLE FL 32218	<input type="checkbox"/> Delete
TITLE: TND NAME: BAUM, CLIFF STREET ADDRESS: 4878 KING RICHARD ROAD CITY- ST- ZIP: JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete
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
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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 exemptions contained in Section 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 filers empowered.

SIGNATURE: Clifford Baum, Clifford Baum **6-8-07**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #