

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 22, 2009  
Secretary of State**

DOCUMENT# N28274

Entity Name: WESTSIDE CHRISTIAN OUTREACH, INC.

**Current Principal Place of Business:**

5343-1 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

5343-1 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

FEI Number: 59-2909109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: GENE W. STUDSTILL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: STUDSTILL, GENE W.  
Address: 4242 ORTEGA BLVD UNIT 23  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T/D ( ) Delete  
Name: BAUM, CLIFF  
Address: 4878 KING RICHARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete  
Name: LUCZYCKI, MARGARET  
Address: 8944 BELLROSE AVE  
City-St-Zip: JACKSONVILLE, FL 32222

Title: SD ( ) Delete  
Name: MADDOX, DEBBIE  
Address: 7480 RICKER RD  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF BAUM

T/D

10/22/2009

Electronic Signature of Signing Officer or Director

Date