

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28274

FILED  
Jan 23, 2012  
Secretary of State

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

Title: T/D  
Name: BAUM, CLIFFORD B  
Address: 4878 KING RICHARD ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD B. BAUM

T/D

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date