

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996-3096

B-4994

DOCUMENT # N93000005085 (6)

1. Corporation Name

CHURCH OF GOD OF PROPHECY, WESTSIDE INC.



Principal Place of Business

Mailing Address

1862 FOURAKER RD
JACKSONVILLE FL 32221

1862 FOURAKER RD
JACKSONVILLE FL 32221

3. Date Incorporated or Qualified

11/05/1993

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3212492

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, HUBERT
3524 EDGEWATER DR.
JACKSONVILLE FL 32221

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ANDERSON, HUBERT
STREET ADDRESS 3524 EDGEWATER DR
CITY-ST-ZIP JACKSONVILLE FL 32210

1.1 TITLE C/D ☒ Change ☐ Addition
1.2 NAME ANDERSON, HUBERT
1.3 STREET ADDRESS 3524 EDGEWATER DR.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE T/D ☐ DELETE
NAME BERRY, JOHN
STREET ADDRESS 2128 MARCIA DR
CITY-ST-ZIP ORANGE PARK FL 32073

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S/D ☐ DELETE
NAME GILLIARD, IMOGENE
STREET ADDRESS 7060 KNOTTS DR
CITY-ST-ZIP JACKSONVILLE FL 32210

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE
NAME JONES, MIKEY
STREET ADDRESS 985 PERKINS PL
CITY-ST-ZIP JACKSONVILLE FL 32221

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BOYD, CARONEE
STREET ADDRESS 2309 WOODRIDGE RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WHITTAKER, CHARLES R
STREET ADDRESS 8848 QUAIL ROOST
CITY-ST-ZIP JACKSONVILLE FL 32220

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN BERRY John Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

904-264-2879

Date

Daytime Phone #

CR2E037 (12/95)