

3-16-98 B-3270 C
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FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005085 (6)**

1. Corporation Name

CHURCH OF GOD OF PROPHECY, WESTSIDE INC.



Principal Place of Business 1862 FOURAKER RD JACKSONVILLE FL 32221	Mailing Address 1862 FOURAKER RD JACKSONVILLE FL 32221
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3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

59-3212492

Applied For

☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 relating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	DIRECTOR
NAME	ANDERSON, HUBERT	1.2 NAME	HUBERT, NULPH, VANESSA
STREET ADDRESS	3524 EDGEWATER DR	1.3 STREET ADDRESS	8204 NORMANDY BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	T/D	2.1 TITLE	
NAME	BERRY, JOHN	2.2 NAME	
STREET ADDRESS	2128 MARCIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	2.4 CITY-ST-ZIP	
TITLE	S/D	3.1 TITLE	
NAME	GILLIARD, IMOGENE	3.2 NAME	
STREET ADDRESS	7080 KNOTTS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JAMES, SR. J	4.2 NAME	
STREET ADDRESS	6013 OLD MIDDLEBURG RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WHITTAKER, CHARLES R	5.2 NAME	
STREET ADDRESS	8848 QUAIL ROOST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32220	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 R BERRY** **3/9/98** **904-264-2879**

CR2E037 (10/97)