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**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90010 017 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000005085**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/05/1993

4. FEI Number

59-3212492

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**ANDERSON, HUBERT**  
**3524 EDGEWATER DR.**  
**JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, HUBERT	
STREET ADDRESS	3524 EDGEWATER DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	BERRY, JOHN	
STREET ADDRESS	2128 MARCIA DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	GILLIARD, IMOGENE	
STREET ADDRESS	7060 KNOTTS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, SR. J	
STREET ADDRESS	6013 OLD MIDDLEBURG RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITTAKER, CHARLES R	
STREET ADDRESS	8848 QUAIL ROOST	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NULPH, VANESSA	
STREET ADDRESS	8204 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32221	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILLIARD, IMOGENE	
1.3 STREET ADDRESS	7060 KNOTTS DR	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRADSHAW, LONIA	
2.3 STREET ADDRESS	4550 ASTRAL ST.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32205	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDERSON, BETTY	
3.3 STREET ADDRESS	3524 EDGEWATER DR	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32210	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KING, EARL	
4.3 STREET ADDRESS	3594 ED'S COURT	
4.4 CITY-ST-ZIP	GREENCOVE SPRINGS, FL 32043	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KITCHENS, DALE	
5.3 STREET ADDRESS	985 PERKINS PLACE	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32221	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D'STEEN, EUNICE	
6.3 STREET ADDRESS	6222 KENNY RD	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32254	

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, with all other like empowered.

SIGNATURE: **JOHN BERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/99 904-264-2879

Date

Daytime Phone #

CR2E037 (11/98)