

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 006 ****61.25

DOCUMENT # N93000005085

1. Entity 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3212492

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLIARD, IMOGENE J
7060 KNOTTS DR.
JACKSONVILLE, FL 32210**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Imogene J. Gilliard

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

(NOTE: Registered Agent signature required when reinstating)

01-29-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TILLMAN, MARIE**
CITY-ST-ZIP **4180 DAVIE COURT
JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME **BM**
STREET ADDRESS **BERRY, JOHN**
CITY-ST-ZIP **2128 MARCIA DR
ORANGE PARK, FL 32073**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BULLARD, FAYE**
CITY-ST-ZIP **6092 MAGELLAN RD
JACKSONVILLE, FL 32222**

TITLE ☐ Delete
NAME **BM**
STREET ADDRESS **REED, ANGELA**
CITY-ST-ZIP **8985 NORMANDY BLVD. #171
JACKSONVILLE, FL 32221**

TITLE ☒ Delete
NAME **BM**
STREET ADDRESS **WHITTAKER, CHARLES R**
CITY-ST-ZIP **4172 DAVIE COURT
JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME **BM**
STREET ADDRESS **KITCHENS, DALE**
CITY-ST-ZIP **1558 MARBLE LAKE DR
JACKSONVILLE, FL 32221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Imogene J. Gilliard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Imogene J. Gilliard

01-29-07

DATE

904-757-0827

DAYTIME PHONE #