

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005085

FILED
May 29, 2009
Secretary of State

Entity Name: CHURCH OF GOD OF PROPHECY, WESTSIDE INC.

Current Principal Place of Business:

1862 FOURAKER RD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1862 FOURAKER RD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3212492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLIARD, IMOGENE J
7060 KNOTTS DR.
JACKSONVILLE, FL 32210 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: T () Delete
Name: TILLMAN, MARIE
Address: 4180 DAVIE COURT
City-St-Zip: JACKSONVILLE, FL 32210

Title: BM () Delete
Name: BERRY, JOHN
Address: 2128 MARCIA DR
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: BULLARD, FAYE
Address: 6092 MAGELLAN RD
City-St-Zip: JACKSONVILLE, FL 32222

Title: BM () Delete
Name: REED, ANGELA
Address: 8985 NORMANDY BLVD. #171
City-St-Zip: JACKSONVILLE, FL 32221

Title: BM () Delete
Name: KITCHENS, DALE
Address: 1558 MARBLE LAKE DR
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIE TILLMAN

TREA

05/29/2009

Electronic Signature of Signing Officer or Director

Date