

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005085

FILED
Apr 04, 2011
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 ()

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: C
Name: GILLIARD, IMOGENE
Address: 7060 KNOTTS DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: BM
Name: JACKSON, ALFRED
Address: 1040 BUSAC AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: BM
Name: KITCHENS, DALE
Address: 1558 MARBLE LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32221

Title: BM
Name: LAUDAT, NEVILLE
Address: 1585 SADDLEBROOK LANE
City-St-Zip: JACKSONVILLE, FL 32221

I hereby 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 all other like empowered.

SIGNATURE: IMOGENE GILLIARD

C

04/04/2011

Electronic Signature of Signing Officer or Director

Date