

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000511

FILED
Apr 05, 2009
Secretary of State

Entity Name: WESTSIDE MINISTRIES INC.

Current Principal Place of Business:

23 WEST 8TH ST.
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

PO BOX 3174
JACKSONVILLE, FL 32206 US

New Mailing Address:

FEI Number: 59-3222210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, WILLIE C
2819 RIBAUT SCENIC DRIVE
JACKSONVILLE, FL 32208 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: PD () Delete
Name: STEWART, LONNIE JR.
Address: 5111 DUNSTAN RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: JACKSON, WILLIE C
Address: 28198 KIBAUT SCENIC DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD () Delete
Name: SPENCER, ELAINE D
Address: 590 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: WILLIAMS, LORENZO
Address: 5978 FURY DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: FD () Delete
Name: SPENCER, CHARLES F
Address: 590 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

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: LONNIE STEWART JR

PD

04/05/2009

Electronic Signature of Signing Officer or Director

Date