

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 07, 2010  
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 ( )

**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:**

GERALD, JONES P  
2039 SOUTEL DR  
JACKSONVILLE, FL 32208 US

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: GERALD P JONES

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WILLIAMS, LORENZO  
Address: 5978 FURY DR  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: SD  
Name: JONES, GERALD P  
Address: 2039 SOUTEL DR  
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD  
Name: STEWART, LONNIE J  
Address: 5111 DUSTAN RD  
City-St-Zip: JACKSONVILLE, FL 32208

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

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: WILLIE C JACKSON

VP

04/07/2010

Electronic Signature of Signing Officer or Director

Date