2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N94000002515

Entity Name: WESTSIDE FAMILY WORSHIP CENTER MINISTRIES, INC.

Current Principal Place of Business:

632 S. DILLARD STREET
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

632 S. DILLARD STREET
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3245073 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYTON, JEAN I
4775 PLEASANT VALLEY CT
ORLANDO, FL 32811 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:	PAYTON, JEAN	
Address:	4775 PLEASANT VALLEY CT	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	COBB, JAMES	
Address:	216 HALSEY ST	
City-St-Zip:	ORLANDO, FL 32809	
Title:	D	( ) Delete
Name:	COBB, PAMELA	
Address:	216 HALSEY ST	
City-St-Zip:	ORLANDO, FL 32809	
Title:	SD	( ) Delete
Name:	SMITH, ANYA	
Address:	5 CHANNING AVENUE	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	PAYTON, OSCAR	
Address:	4775 PLEASANT VALLEY CT.	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	ALSTON, JOAN	
Address:	1656 E TRUMBO STREET	
City-St-Zip:	WINTER GARDEN, FL 34787	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN IVORY PAYTON P 01/08/2007

Electronic Signature of Signing Officer or Director — Date