

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002515

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** WESTSIDE FAMILY WORSHIP CENTER MINISTRIES, INC.

**Current Principal Place of Business:**

844 KLONDIKE STREET  
WINTER GARDEN, FL 34787 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 616178  
ORLANDO, FL 32861 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  
Name: PAYTON, JEAN  
Address: 4775 PLEASANT VALLEY CT  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: COBB, JAMES  
Address: 216 HALSEY ST  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: COBB, PAMELA  
Address: 216 HALSEY ST  
City-St-Zip: ORLANDO, FL 32809

Title: D  
Name: PAYTON, OSCAR  
Address: 4775 PLEASANT VALLEY CT.  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: ALSTON, JOAN  
Address: 1656 E TRUMBO STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D  
Name: ALLEN, LORENZO  
Address: 2812 N. POWERS DRIVE # 70  
City-St-Zip: ORLANDO, FL 32818

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: JEAN IVORY PAYTON

PD

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date