

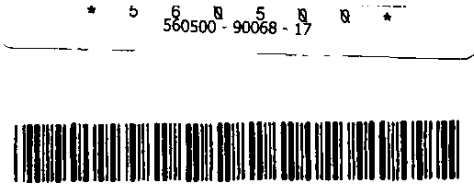
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May 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002169
 1. Corporation Name
WESTSIDE CHURCH OF THE NAZARENE, INC.

Principal Place of Business 7614 PRITCHARD ROAD JACKSONVILLE FL 32219	Mailing Address 7614 PRITCHARD ROAD JACKSONVILLE FL 32219
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2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/13/1998	4. FEI Number 59-6543198 Applied For Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CLOUD, CHARLES M 7614 PRITCHARD ROAD JACKSONVILLE FL 32219	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Charles M. Cloud* DATE: 4-28-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Trustee	1.1 TITLE	
NAME	Ralph BRYAN	1.2 NAME	
STREET ADDRESS	4010 Taylor Estates Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32220	1.4 CITY-ST-ZIP	
TITLE	Trustee	2.1 TITLE	
NAME	Henry N. Smith	2.2 NAME	
STREET ADDRESS	1249 Maple Meadows Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32220	2.4 CITY-ST-ZIP	
TITLE	TRUSTEE	3.1 TITLE	
NAME	FAYE Tucker	3.2 NAME	
STREET ADDRESS	717-N. Chaffee Road	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32220	3.4 CITY-ST-ZIP	
TITLE	Sec TREAS	4.1 TITLE	
NAME	Charlotte Smith	4.2 NAME	
STREET ADDRESS	1249 Maple Meadows Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32220	4.4 CITY-ST-ZIP	
TITLE	STEWART	5.1 TITLE	
NAME	Elizabeth Ellis	5.2 NAME	
STREET ADDRESS	249 Sham Rock Ave S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32218	5.4 CITY-ST-ZIP	
TITLE	STEWART	6.1 TITLE	
NAME	Dud Therrell	6.2 NAME	
STREET ADDRESS	5836 Lacy Lane Way	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32244	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlotte M. Smith* DATE: 4-28-99

CR2E037 (1/1/98)