

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000002169

FILED
Apr 28, 2005
Secretary of State

Entity Name: WESTSIDE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

7614 PRITCHARD ROAD
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

12419 MAPLE MEADOWS DR
JACKSONVILLE, FL 322201669

New Mailing Address:

FEI Number: 59-6543198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLOUD, CHARLES M
1053 LEGAY AVE
JACKSONVILLE, FL 32205 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: CHARLES M. CLOUD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLOUD, JACK
Address: 10317 MONACO DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: TUCKER, FAYE
Address: 717 N. CHAFFEE ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: ST () Delete
Name: SMITH, CHARLOTTE
Address: 12419 MAPLE MEADOWS DR.
City-St-Zip: JACKSONVILLE, FL 32220

Title: C () Delete
Name: HIRE, KATHLEEN
Address: 5134 KNOX RD
City-St-Zip: JACKSONVILLE, FL 32205

Title: C (X) Delete
Name: ELLIS, KIMLEE
Address: 16548 VILLAGE GREEN DRIVE S.
City-St-Zip: JACKSONVILLE, FL 32234

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLOTTE SMITH

ST

04/28/2005

Electronic Signature of Signing Officer or Director

Date