

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90106 031 ****70.00

DOCUMENT # N98000002169

1. Entity Name
WESTSIDE CHURCH OF THE NAZARENE, INC.



Principal Place of Business

**7614 PRITCHARD ROAD
JACKSONVILLE FL 32219**

Mailing Address

**12419 MAPLE MEADOWS DR
JACKSONVILLE FL 32220-1669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6543198**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLOUD, CHARLES M
1053 LEGAY AVE
JACKSONVILLE FL 32205**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CLOUD, JACK	
STREET ADDRESS	10317 MONACO DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HENRY N	
STREET ADDRESS	12419 MAPLE MEADOWS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, FAYE	
STREET ADDRESS	717 N. CHAFFEE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, CHARLOTTE	
STREET ADDRESS	12419 MAPLE MEADOWS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	C	<input type="checkbox"/> Delete
NAME	HIRES, KATHLEEN	
STREET ADDRESS	5134 KNOX RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	C	<input type="checkbox"/> Delete
NAME	ELLIS, KIMLEE	
STREET ADDRESS	16548 VILLAGE GREEN DRIVE S.	
CITY-ST-ZIP	JACKSONVILLE FL 32234	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte P. Smith

3-30-03 904693-0480

CR2E037 (10/02)