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ETHILV NAME. WESTSIDE CHUNCH OF CHNIST OF JACKSONVILLE, INC.			of State	
23 W 8 STREE	ncipal Place of Business: T E, FL 32206-2830		7521520	5401CC
Current Mai	ling Address:			
23 W 8 STRI JACKSONVI	EET LLE, FL 32206-2830			
FEI Number: 59-2437255 Certificate of Status Des				ired: No
Name and A	ddress of Current Registered Agent:			
301 W BAY STF SUITE 14153	OLUTION ORGANIZATION PLLC REET E, FL 32202 US			
The above named	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE: JACQUELINE SPENCE				04/28/2023
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	TREASURER	Title	SECRETARY	
Name	SPENCER, CHARLES	Name	ALLMAN, ADRAIN	
Address	590 QUEENS HARBOR RD	Address	4450 SONG SPARROW DRIVE	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	MIDDLEBURG FL 32068	
Title	CHAIRMAN	Title	VC	
Name	WYNN, JOHNNY	Name	HENDERSON, ROBERT	

Address

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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: ADRAIN ALLMAN

11589 BRIDGES ROAD

City-State-Zip: JACKSONVILLE FL 32218

Address

SECRETARY

2614 BLUEBERRY LANE

City-State-Zip: JACKSONVILLE FL 32211

04/28/2023

FILED

Electronic Signature of Signing Officer/Director Detail