DOCUMENT# 7	729395			Apr 03, 2024
Entity Name: W	VESTSIDE CHURCH OF CHRIST OF JACKS	SONVILLE, IN	N.).	ecretary of State 4550049685CC
Current Princip	pal Place of Business:			455004906500
23 W 8 STREET				
JACKSONVILLE, F	FL 32206-2830			
Current Mailing	g Address:			
23 W 8 STREET	Т			
JACKSONVILLE	E, FL 32206-2830			
FEI Number: 59-2437255 Certificate		Certificate of Sta	atus Desired: No	
Name and Add	ress of Current Registered Agent:			
	JTION ORGANIZATION PLLC			
301 W BAY STREE SUITE 14153	T			
301 W BAY STREE SUITE 14153 JACKSONVILLE, FL				
SUITE 14153 JACKSONVILLE, FL		ered office or regis	ered agent, or both, in th	e State of Florida.
SUITE 14153 JACKSONVILLE, FL	L 32202 US	ered office or regis	ered agent, or both, in th	e State of Florida. 04/03/2024
SUITE 14153 JACKSONVILLE, FL The above named entite SIGNATURE:	L 32202 US	ered office or regis	ered agent, or both, in th	
SUITE 14153 JACKSONVILLE, FL The above named entite SIGNATURE:	L 32202 US htty submits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent	ered office or regis	ered agent, or both, in the	04/03/2024
SUITE 14153 JACKSONVILLE, FL The above named entit SIGNATURE:	L 32202 US htty submits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent	ered office or regis	ered agent, or both, in the	04/03/2024
SUITE 14153 JACKSONVILLE, FL The above named entit SIGNATURE: <u>J</u> Officer/Director Title TR	L 32202 US tity submits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent r Detail :			04/03/2024
SUITE 14153 JACKSONVILLE, FL The above named entit SIGNATURE: Officer/Director Title TR Name SP	L 32202 US httpsubmits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent r Detail : REASURER	Title	SECRETARY	04/03/2024 Date
SUITE 14153 JACKSONVILLE, FL The above named entit SIGNATURE: <u>J</u> Officer/Director Title TR Name SP Address 590	L 32202 US tity submits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent r Detail : REASURER PENCER, CHARLES	Title Name	SECRETARY ALLMAN, ADRAIN	04/03/2024 Date
SUITE 14153 JACKSONVILLE, FL The above named entit SIGNATURE: <u></u> Officer/Director Title TR Name SP Address 590 City-State-Zip: JA0	L 32202 US htty submits this statement for the purpose of changing its regist JACQUELINE SPENCE Electronic Signature of Registered Agent r Detail : REASURER PENCER, CHARLES 90 QUEENS HARBOR RD	Title Name Address	SECRETARY ALLMAN, ADRAIN 4450 SONG SPARR	04/03/2024 Date

Address

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

04/03/2024

Electronic Signature of Signing Officer/Director Detail

FILED 2024 e

Date