

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729395

**Entity Name:** WESTSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

23 W 8 STREET  
JACKSONVILLE, FL 32206-2830

**Current Mailing Address:**

23 W 8 STREET  
JACKSONVILLE, FL 32206-2830

**FEI Number: 59-2437255**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, GERALD CPA  
2039 SOUTEL DRIVE  
JACKSONVILLE, FL 32208 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CD  
Name STEWART JR., LONNIE  
Address 5111 DUSTAN RD  
City-State-Zip: JACKSONVILLE FL 32208

Title VD  
Name SANDERS, JEROME  
Address POND RUN LANE  
City-State-Zip: JACKSONVILLE FL 32218

Title VS  
Name DENSON, RONNIE  
Address 8450 BLAZING STAR RD.  
City-State-Zip: JACKSONVILLE FL 32210

Title TD  
Name SPENCER C, HARLES  
Address 590 QUEENS HARBOUR RD  
City-State-Zip: JACKSONVILLE FL 32225

Title D  
Name ALLMAN, ADRAIN  
Address 5807 LISKA DR  
City-State-Zip: JACKSONVILLE FL 32244

Title D  
Name CARTER, GEORGE F  
Address 11557 KEYBISCAYNE DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

*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: CHARLES CARTER**

**DIRECTOR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date